



OFFICE OF MINORITY HEALTH

1995 Report to Congress



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of Minority Health

LEADERSHIP, COORDINATION, AND COLLABORATION

REPORT TO CONGRESS

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EXECUTIVE SUMMARY

The Congress finds that racial and ethnic minorities are disproportionately represented among individuals from disadvantaged backgrounds [and] the health status of individuals from disadvantaged backgrounds, including racial and ethnic minorities, in the United States is significantly lower than the health status of the general population...." (Public Law 101--527, Section 1(b) and (2)).

Since 1986, the Office of Minority Health (OMH) has been the focal point for minority health issues in the United States. Report to Congress: Leadership, Coordination, and Collaboration, is the second report submitted since the Office was legislatively established under the Disadvantaged Minority Health Improvement Act of 1990 (Public Law 101-527). This required report presents the activities and accomplishments of OMH in fiscal years (FYs) 1993 and 1994 and summarizes programmatic evaluations.

The responsibilities of the Office of Minority Health as established by the legislation include:

- Coordinating minority health activities within the Department of Health and Human Services;
- Establishing short-range and long-range goals and objectives that relate to disease prevention, health promotion, service delivery, and research
- Facilitating the exchange of minority health information through a national minority health resource center;
- Developing health information and health promotion materials and teaching programs;
- Assisting providers of primary health care and preventive health services in obtaining the assistance of bilingual health professionals and other bilingual individuals; and
- Supporting research, demonstrations, and evaluations to improve information dissemination, education, prevention, and service delivery to disadvantaged racial/ethnic minorities.

In 1985, the Task Force on Black and Minority Health identified six causes of death that together accounted for more than 80 percent of the excess mortality observed in racial/ethnic populations. A seventh priority area was added by OMH in 1987 and four other cross-cutting issues have also been identified. The eleven major issue areas addressed by OMH, in no priority order, include:

- 1) Heart disease and stroke;
- 2) Cancer;
- 3) Chemical dependency (as measured by alcohol and other substance abuse);
- 4) Diabetes;
- 5) Homicide, suicide, and unintentional injury;
- 6) Infant mortality;
- 7) HIV/AIDS;
- 8) Access to care;
- 9) Data;
- 10) Health professions development; and
- 11) Cultural competency.

Thus, the seven leading causes of death, along with four other cross-cutting issues, serve as the guiding priorities for OMH activities. These issues, listed above, are referred to as "7 + 4" throughout this Report, and serve as the critical elements in strategic policy and program planning being addressed by OMH.

Health Status of Racial and Ethnic Minorities

Despite many efforts, the health status of racial and ethnic minority populations remains a serious concern. Diseases of the heart and cancer remain the top two leading causes of death for Whites, Blacks and Hispanics, while diseases of the heart and malignant neoplasms are the two leading causes of death for American Indians and Alaska Natives. However, while life expectancy for Black males increased in 1992, it is still below the peak attained in 1984¹. While AIDS is the tenth leading cause of death for Whites, it is the sixth leading cause of death for Blacks and the fourth leading cause for Hispanics. Homicide is the fourth leading cause of death for Blacks and the fifth leading cause of death for Hispanics; however, it is not within the top ten causes of death for Whites.

The Office of Minority Health, with a funding level of \$19.7 million and a staff of 73 full-time equivalents (FTEs) at the end of FY 1994, made major strides in addressing minority health issues over the past two years. OMH personnel included

¹ Advance Report of Final Mortality Statistics, 1992. National Center for Health Statistics.

staff in the central office, ten regional minority health consultants -- one in each PHS region, and one support staff person in each region. OMH actively promoted the minority health agenda through leadership and participation in numerous programs, projects and activities, including policy development and formulation, both in a formal and informal manner, across all levels of government and at the community level. Major accomplishments are detailed below.

Major Accomplishments

- The legislatively mandated Office of Minority Health Resource Center responded to more than 13,500 inquiries, including telephone, in person, and mail, and implemented new programs on funding, telecommunications for the hearing impaired and health information development. Inquiries increased by more than 17 percent from FY 93 to FY 94. The Resource Center expanded its efforts with additional research capability, including adding additional databases and on-line capabilities. There are more than 8,000 records in databases used to provide current and accurate information to the public and others.
- At the end of FY 94, the rapidly expanding Minority Health Network comprised not only a minority health coordinator in each PHS agency, but minority health entities in 31 States, an increase of 9 States over FY 93. In addition, OMH supports a minority health coordinator in each of the 10 PHS regions. This network now serves as a focal point for coordinating activities, sharing ideas, and analyzing policies at the Federal and State levels and building partnerships with other public entities and the private sector.
- Throughout FY 93 and FY 94, OMH continued its commitment to provide funding at the local level to demonstrate effective programs and techniques in terms of health promotion and disease prevention activities. OMH, either directly or through memoranda of understanding (MOUs) with other PHS agencies, provided support under eight grant programs to enhance the capacity of organizations to respond to minority health needs. Directly, OMH-funded programs focused on bilingual/bicultural activities; development of minority community health coalitions; development of Hispanic/Latino community health coalitions; and programs focusing specifically on minority males. Health areas included HIV, cancer, violence, and chemical dependency. Information on memorandum of understanding or agreements entered into in FY 93 and FY 94 is included in Exhibits 9 and 10.
- Numerous activities were undertaken in FY 93 and FY 94 in collaboration with the various PHS and Departmental agencies. Chief among these was the Healthy People 2000 Progress Reviews designed to assess the status of

reaching the objectives set forth in the Healthy People 2000 Report. Progress reviews for American Indians and Alaska Natives, Hispanics, and Asians and Pacific Islanders were successfully conducted. OMH scheduled a progress review focusing on Blacks for December 1994.

- Central State University of Wilberforce, Ohio, was awarded an OMH grant for \$4.3 million in FY 94. Central State University serves as the lead for a 16-member² Historically Black Colleges and Universities consortium to develop programs addressing violence among minority populations. OMH provides oversight and technical assistance to the consortium as it implements this project, which is expected to receive a total of \$16.1 million over the grant period (\$4.3 million in FY 94, \$5.9 million in FY 95, and \$5.9 million in FY 96).
- OMH and the Agency for Health Care Policy and Research (AHCPR) collaborated on a number of projects, including the Cooperative Agreement for Family and Community Violence Prevention Program. In addition, in FY 93, AHCPR and OMH collaborated on a workshop sponsored by the AHCPR User Liaison Program. Conducted for senior State and local government officials, this workshop was titled, "Minority Youth -- The Emerging Majority: Strategies for Improving Health Status and Outcomes".
- The Health Resources and Services Administration and OMH collaborated on 19 joint projects during FY 93 and FY 94. The areas of cooperation included bilingual assistance programs; HIV/AIDS programs in public housing and rural areas; data collection; violence prevention efforts; and minority male health initiatives, among others.
- The National Institutes of Health (NIH), working through the Office of Research on Minority Health, engaged in several cooperative efforts with OMH. In addition to participating in the HBCU initiative, NIH supported the Minority Student Achievement and Alliances for Minority Participation Program. This program focuses on health professions development and recruitment and is instrumental in increasing the number of minority individuals in the research field.
- The major activity between OMH and the Centers for Disease Control and Prevention (CDC) was the continuation of a memorandum of agreement (MOA) first issued in FY 1990 for the purpose of updating the 1985

²Members of the consortium include: Central State University; Clark Atlanta; Chicago State; Knoxville Community; Lemoyne-Owen; Lincoln University; Moorehouse University; Morgan State; North Carolina A & T University; Philander-Smith College; Talledega College; Texas Southern University; Tougaloo; University of the District of Columbia; Wilberforce University; and Xavier University

Secretary's Task Force Report on Black and Minority Health. This resulted in

the publication of Excess Deaths and Other Mortality Measures for the Black Population, published in 1994, which summarized major causes of deaths and illnesses for the Black population. Planning for publication for a similar brochure on Hispanics was started in FY 94, with publication expected in early FY 95.

- OMH and the Food and Drug Administration (FDA) collaborated on numerous issues including the identification of participants for public hearings, development of materials on HIV-related fraud, and coordination of educational materials.
- OMH and the Indian Health Service engaged in several collaborative efforts including the PHS sponsored "National Congress on the State of HIV/AIDS in Racial and Ethnic Communities" held in FY 94.
- Other major collaborative efforts in FY 93 included OMH coordination of the development of the Hispanic Health Policy Summit consensus building and a strategic planning effort. This effort developed more than 175 recommendations to improve the health status of Hispanics in the U.S. As a result, the Surgeon General initiated the development of an Hispanic health policy blueprint, "TODOS: Recommendation to the Surgeon General To Improve Hispanic/Latino Health," (June 1993). This Department-wide initiative involved five regional and two national meetings.
- OMH played a major role in several activities which were housed in the Office of the Assistant Secretary for Health (OASH). OMH staff provided lead planning direction for the development of the 1994 "Breaking Barriers, Building Bridges: National Congress on the State of HIV/AIDS in Racial and Ethnic Communities." This conference brought together more than 15 Federal agencies and offices, and external organizations for the purpose of developing recommendations and strategies for addressing HIV in racial and ethnic minority populations in the areas of prevention, services and research.
- Two major evaluation projects were undertaken, both of which show the effectiveness of community-based programs. In evaluating the Minority HIV/AIDS Education/Prevention Demonstration Grant Program and the Minority Community Coalition Demonstration Grants Program, OMH concluded that these evaluations clearly showed the success of these grant programs for effectuating change through minority organizations and for developing and maintaining successful coalitions.

- In addition to its coordination and collaborative efforts in the Federal sector, OMH actively promoted activities in the private and voluntary sector. These activities focused on the "7 + 4" health issue areas and included the development of ethnic and low-literacy nutrition education materials; a bilingual/bicultural eligibility worker training program at Asian and Pacific Islander Community Health Centers; a project focusing on standards for bilingual services; and the development of commissioned papers on the health related needs of Asians and Pacific Islanders.

Over the past two years, working with its counterparts both within the Federal government and outside in the community, OMH has established the base for initiating serious efforts to address the health needs and concerns of Blacks, Hispanics, Asians and Pacific Islanders, and American Indians and Alaska Natives.

CHAPTER 1 INTRODUCTION

Mission of the Office of Minority Health

In January 1984, the Department of Health and Human Services (DHHS) released a status report on the Nation's health, Health United States, 1983. The document noted that the health and longevity of all Americans continued to improve, but that racial and ethnic minorities did not share the prospect of other Americans of living full and healthy lives.

The Report called attention to the historically disproportionate rates of death, disease, and disability among Blacks, Hispanics, American Indians and Alaska Natives, and Asians and Pacific Islanders in the United States. Striking differences were present. The Secretary of DHHS established a Task Force on Black and Minority Health in 1984 to study the health status of minorities.

In 1985, the report titled Report of the Secretary's Task Force on Black and Minority Health identified the following six causes of death that together accounted for more than 80 percent of the excess mortality³ observed in racial/ethnic populations:

- 1) Cardiovascular disease and stroke;
- 2) Cancer;
- 3) Chemical dependency (as measured by alcohol and other substance abuse);
- 4) Diabetes;
- 5) Homicide, suicide, and unintentional injury; and
- 6) Infant mortality.

In 1987, based on the overwhelming impact that HIV/AIDS was having on racial and ethnic minority populations, HIV/AIDS was added as the seventh priority health area.

In the Report, the task force identified three "cross-cutting" issues which transcended specific health problem areas but influenced the overall health status of minorities:

³ Excess Mortality expresses the difference between the number of deaths actually observed in a minority group and the number of deaths that would have occurred in that group if it had experienced the same death rates as the white population. Excess death is used as the primary indicator of the disparity in health status between certain minority groups in the U.S. and the white population in the U.S.

- 1) Access to care;
- 2) Data; and
- 3) Health professions development.

In 1994, the issue of cultural competency in health care was added as the eleventh priority area to be addressed by OMH. Culturally competent health care at all levels has been identified as a major issue relevant to access to care and services by individuals with limited-English proficiency and others who face cultural and social barriers to health care.

The "7 + 4," or the 11 major issues areas, comprise the primary focus areas of the Office of Minority Health.

Historically, OMH was established by Secretarial directive, with official notice appearing in the Federal Register on December 11, 1985. In 1990, Congress passed the Disadvantaged Minority Health Improvement Act (Public Law 101-527) which included the formal establishment of the Office of Minority Health as a staff office within the Office of the Assistant Secretary for Health, U.S. Public Health Service, Department of Health and Human Services.

The mission of the Office of Minority Health provides for a highly complex role within DHHS. The Office is responsible for coordinating and advocating for minority health issues within the Department as well as throughout the Nation.

OMH coordinates and monitors activities across the Department of Health and Human Services related to disease prevention, health promotion, service delivery, and research concerning racial and ethnic minority populations through database analysis, programmatic reviews, budgetary reviews, memorandum of understanding and agreements, participation on committees and workgroups, and other mechanisms, including OMH's Regional Minority Health Consultants which coordinate minority health activities in each of the ten PHS regions. OMH provides support for health promotion and disease prevention activities designed to reduce the occurrence of illnesses that are highly prevalent among disadvantaged minorities. It also provides support to providers for primary health care and preventive health services in obtaining the assistance of bilingual health professionals and other bilingual individuals. Specifically, OMH is authorized to coordinate Federal efforts to better understand and reduce the incidence of illness among minority populations. Section 1707 of the Act stipulates that the Deputy Assistant Secretary for Minority Health shall be the head of the Office of Minority Health. Toward this end, initial OMH efforts focused on review and analysis of existing problems and programs as they relate to the concept of "7 + 4."

As stated in the Act, "The Secretary shall, with respect to the health concerns of individuals from disadvantaged backgrounds, including racial and ethnic minorities," carry out the following duties:

1. Establish short-range and long-range goals and objectives and coordinate all other activities within the Department of Health and Human Services that relate to disease prevention, health promotion, service delivery, and research concerning such individuals;
2. Enter into interagency agreements with other agencies of the Public Health Service to increase the participation of such individuals in health service and promotion programs;
3. Establish a national minority health resource center to facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, to assist in the analysis of issues and problems relating to such matters, and to provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance);
4. Support research, demonstrations, and evaluations to test new and innovative models, to increase knowledge and understanding of health risk factors, and to develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including racial and ethnic minorities;
5. Coordinate efforts to promote minority health programs and policies in the voluntary and corporate sectors;
6. Develop health information and health promotion materials and teaching programs, including models for training of health professionals, model curriculums to be used in primary and secondary schools and institutions of higher learning, materials for public service use by the print and broadcast media, and materials and programs to assist health care professionals in providing health education to their patients; and
7. Assist providers of primary health care and preventive health services in obtaining, with respect to the provision of such care and services, the assistance of bilingual health professionals and other bilingual individuals (including such assistance in the provision of services regarding maternal and child health, nutrition, mental health, and substance abuse).

Challenges in Addressing Minority Health Concerns

By August 1994, racial and ethnic minority populations, (Blacks, Hispanics, American Indians and Alaska Natives, and Asians and Pacific Islanders) accounted for approximately 26.1 percent (68,066,000) of the total U.S. population (260,912,000). Of the 68 million individuals classified as racial or ethnic minorities in the U.S., approximately 48 percent were Black (32.7 million), 38.4 percent were of Hispanic origin (26.2 million), 13.6 percent were Asian or Pacific Islander (9.3 million), and 3.3 percent (2.2 million) were American Indian or Alaska Native. Of the total U.S. population, Blacks constituted 12.5 percent, Hispanics 10 percent, Asian and Pacific Islanders 3.6 percent, and American Indians and Alaska Natives 0.8 percent.⁴

There continues to be several challenges in addressing the health concerns of the rapidly growing racial and ethnic minority populations in this country:

- The ability to provide access to care for a growing population. Numerous reports document the lack of access to health care by minority populations due to such factors as lack of insurance, over-reliance on the use of emergency rooms, and lack of trained health professionals who are culturally competent in health care delivery.
- Lack of policies and programs which specifically address identified health care needs of minority populations. Minorities experience a disproportionate share of morbidity and mortality, yet, few programs exist which are programmatically designed to account for specific needs of racial/ethnic populations including cultural and linguistic needs. Many programs which do exist are not targeted to, nor do they account for, subgroup populations but rather are general in nature. There are more than 50 sub-groups within the Asian and Pacific Islander population. Among Hispanics, more than 20 nationalities are represented while more than 500 American Indian or Alaska Native tribes are Federally recognized and numerous other tribes are state recognized tribes. Within the Black community, differences in needs exist between African, Caribbean and U.S. born Blacks.
- Lack of prevention efforts which are "marketed" specifically to minority populations. Prevention programs usually are general in nature, while populations are specific, despite sharing certain disadvantages in areas such as health, education, and employment.

⁴ Source: Personal Communications, Bureau of the Census, November 29, 1994.

- National data on minority populations, in particular their subpopulations, continue to be severely deficient and, in many cases, do not exist. In addition to data gaps, there are the problems associated with research which is approached from a culturally inappropriate manner or which ignores culture in the analysis of data. This may lead to inappropriate conclusions and interventions. For example, many health surveys exclusively collect data through telephone interviews despite the fact that large proportions of minority populations do not have a telephone. Telephone-based health surveys tend to underestimate the health problems in minority communities.

Gaps in Health Status

Although the two leading causes of death remain the same for all populations (i.e., cardiovascular disease and cancer), epidemiologic analysis reveals that significant variations in causes of death and death rates occur among certain racial, gender, and age groups. For example, although unintentional injuries comprised the fourth leading cause of death for the total population in 1992, they comprised the second leading cause of death for American Indian and Alaska Native males and females, and the third leading cause of death for Asian or Pacific Islander males. Thus, OMH focuses its overall efforts on developing programs and policies which will lead to closing the gap in the health status of racial/ethnic populations, tailoring them specifically to each population.

OMH Organization and Funding

Organization

The Office of Minority Health is a staff office within the Office of the Assistant Secretary for Health. The Deputy Assistant Secretary for Minority Health serves as OMH's Director and as the senior advisor to the Assistant Secretary for Health and the Secretary of DHHS on matters related to minority health, including budgets and programs throughout the Public Health Service and other operating divisions of the Department of Health and Human Services.

Exhibit 1 depicts OMH resources in FY 1993 and FY 1994. Exhibit 2 presents OMH's organizational structure in FY 1993 and 1994. The current OMH organizational structure reflects its mandate to serve as the DHHS focal point advocating for the implementation of the recommendations made in the Task Force and other reports. OMH is divided into four operating divisions, which include the Division of Policy Coordination, Information Dissemination, Community Demonstration and Assistance, and Grants Management (see Exhibit 3 for a description of each Division). Within the Office of the Director is the Administrative

Management and Support Services division. Each operating division is headed by an Associate Director who reports directly to the Deputy Assistant Secretary for Minority Health.

At the end of FY 93, OMH had an authorized budget of \$15.3 million (excluding reimbursements) and a staff of 53 full-time equivalents (FTEs) including 10 regional minority health consultants and 10 support staff. At the end of FY 94, OMH had an authorized budget of \$19.7 million (excluding reimbursements) and a staff of 73 full-time equivalents (FTEs) including 10 regional minority health consultants. This represents an increase of 20 FTEs and \$4.3 million.

Allocation of Funding

Section 1707(c)(1) of the Disadvantaged Minority Health Improvement Act of 1990 requires that "services provided ... are equitably allocated among all groups served" The Office continues to strive to achieve equitable allocation of programmatic activities and funds both internally and within the PHS. Equitable distribution of programs and funding depends on the accurate assessment of the needs of each group. OMH continues to work with the PHS to describe accurately the health status of each minority population. Exhibits 4, 5 and 6 describe the allocation of funding by each racial/ethnic group in FY 93 and FY 94, including percentages of funding by racial and ethnic group.

More than half of OMH funds are directly used to support programmatic and related activities, either at the Federal government or community level. More than half of this funding is directed towards programs and activities which have multiple racial/ethnic target audiences. Programs such as these often promote collaboration and coordination between the various racial/ethnic groups, while at the same time allow for a sharing of information about the best mechanism to affect behavior changes, increase access to health services, or educate target populations. Given the fact that many organizations operate in multicultural environments, and that most health care providers serve patients from various cultures, programs which target more than one population are able to reach more individuals who need assistance. In addition, programs having community support are often more cost-efficient in the delivery of services, and may provide a greater impact on the community than other programs.

CHAPTER 2 INFORMATION AND EDUCATION

The Disadvantaged Minority Health Improvement Act specifically required OMH to establish and operate a national resource center to facilitate the exchange of information regarding matters relating to health information and health promotion, prevention health services and education in the appropriate use of health care, and to facilitate the use of such information, to assist in the analysis of issues and problems relating to such matters, and to provide technical assistance with respect to the exchange of such information. In addition, among other activities, it required OMH to develop health information and health promotion materials and teaching programs, including models for the training of health professionals, materials for public service broadcast and materials to assist health care professionals in providing the health education to their patients. Over the years, OMH has approached these requirements applying a multi-faceted approach. In particular, OMH established the Office of Minority Health Resource Center. OMH has gone one step further, ensuring that information gathered from its various programs, through interaction with the community and from collaborations with the various PHS and Departmental agencies is shared with States and other entities. OMH has developed the Minority Health Network which is designed to facilitate the exchange of information and ideas between the Federal and State levels.

Office of Minority Health Resource Center

Since 1987, OMH has operated the Office of Minority Health Resource Center (OMHRC). The resource center is managed by a private contractor which participates in the Small Business Administration's Section 8(a) minority small business program. Since its inception, all OMHRC services have been provided to the public free of charge. OMHRC can be reached by a toll-free telephone call at 1-800-444-6472 (MHRC), by fax at (301) 589-0884, or by TDD at 301-589-0951. Inquiries can be handled in Spanish as well as English.

Information Dissemination

The resource center has handled more than 37,000 inquiries since its inception, with 6,253 in 1993 and 7,340 in 1994; this is an increase of greater than 17 percent. A large majority of the requests come from health and social service professionals and representatives of governmental, voluntary, professional and community organizations trying to locate expertise, literature, funding or other minority health resources. More than 92 percent of these inquiries were handled by the center without further referrals. In the past two years, over 2,000 inquiries were identified as a direct result of outreach activities and staff contacts.

While the center maintains foreign language capabilities (Spanish is a requirement), it received and responded to only 70 foreign language calls (in Spanish and Chinese) in 1993 and 1994.

OMHRC assistance to health professionals includes locating and identifying resources on minority-specific health education, health promotion, funding, program development, and program evaluation topics. More than 200 professionals visited the resource center and received technical assistance in 1993 and 1994. This included personnel from Federal, State, and local governments, community organizations, academic institutions, and national non-profit organizations. Recent visitors included staff from the National Highway Traffic Safety Administration, New Haven's (CT) Fight Back Initiative, the University of Alabama, Asian Friends of Washington Foundation, American Diabetes Association (Capital Chapter), National Council of La Raza, and representatives of the Navajo Nation.

Target audiences selected from the OMHRC's 5,500-person mailing list each month receive special mailings. Publications and resource materials are sent to these people to match their indicated areas of interest and expertise, and to keep them informed of new products and new services of the Center.

The Resource Center maintains approximately 8,000 records in its own databases in order to provide current and accurate information to the public. New journals, magazines and books are purchased or acquired on a review or courtesy basis, and articles from newspapers and journals are clipped for the in-house library. The OMHRC library has collected over 1,000 books, magazines, journals and newsletters. Topics covered in the databases include cardiovascular disease and stroke, cancer, chemical dependency, diabetes, homicide, suicide and unintentional injury, infant mortality, HIV, access, data and health professionals issues, and cultural competency.

In 1993, the resource center added on-line access to other databases, including MEDLARS, DOCLINE and DIALOG. In 1994, the resource center connected with more than a dozen "free-of-charge" on-line databases. The on-line access has enhanced the capability of the center to support researchers and improved the collection of materials.

Due to an increased demand for information on sources of funding for minority health work, the resource center created a funding database in 1993. The database includes grants information from the Federal government and private foundations and provides resources for technical assistance in grantsmanship. An information packet on funding sources and tips was also developed for distribution.

In 1993, OMHRC developed a computerized card catalog for journal articles. This database maintains over 1,600 journal articles in the OMHRC library collection. A directory of PHS minority health data collection projects was added to the OMHRC database.

Most OMHRC publications are regularly updated and redesigned yearly. These include OMH and OMHRC fact sheets, fact sheets on OMH grant recipients, and resource lists identifying governmental and private sources of information on health topics aimed at or relevant to racial and ethnic communities.

The OMH Pocket Guide to Minority Health Resources was developed in 1994. This 4" x 6" directory lists address, phone, and facsimile numbers for hundreds of health information resources for minority racial and ethnic populations in Federal, State, and local agencies, clearinghouses, colleges and universities, and voluntary organizations. To date, 10,000 copies have been distributed nationwide.

OMHRC also coordinates special mailings in support of OMH's mission. For example, in 1994, OMHRC initiated a direct mail campaign to a number of minority organizations asking them to provide input regarding the Office of Management and Budget's proposal to revise Directive 15, and the PHS mid-course review of Healthy People 2000. OMB Directive 15 is the standard used to guide Federal statistics and record keeping on racial and ethnic groups. Through these activities, OMHRC helped OMH ensure that racial and ethnic communities have the information they need to articulate their own views on Federal action affecting their well-being.

The resource center does not budget for advertising. OMHRC placed 20 free advertisements in journals, newsletters and magazines of professional organizations and local communities in FY 93 and FY 94. Over 1,000 requests for minority health information were identified as a result of this promotion effort.

OMHRC uses program presentations and exhibits at national and regional conferences to bring minority health information and resource center staff from Washington to members of minority and health-related organizations. Presentations on locating and working with funding sources and grantsmanship are frequently requested. OMHRC participated in 16 out-of-town and 22 local conferences during 1993 and 1994 based on requests made by host organizations and through targeting minority-specific activities.

The Indian Health Service has sought technical assistance from OMH in planning a clearinghouse that could serve tribal governments and IHS programs with prevention and patient information.

Minority Health Network

One of the recommendations set forth in the **1985 Report of the Secretary's Task Force on Black and Minority Health** calls for the Department to "build the capacity of the non-Federal sector to address minority health problems." The Office of Minority Health adopted a strategy of empowering minority communities by building and strengthening viable partnerships across the public and private sectors, forming a **National Minority Health Network**. This Network, using the "7 + 4" priority areas advocated by OMH focuses on developing an infrastructure at the Federal and State government level to address minority health issues. The Network has both a Federal and State component. Each component is integrally involved with the other for program development, information sharing and policy development.

Federal Component

The Minority Health Network is a system of Federal and public/private sector organizations including community-based organizations, agencies, and individuals designed to share information, other resources and to coordinate activities to improve the health status, and the quality of life of racial and ethnic minority populations in the United States and its territories.

Offices of Minority Health have been established in five PHS agencies--the Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Health Resources and Services Administration, National Institutes of Health, and Substance Abuse and Mental Health Services Administration. In addition, agency minority health coordinators have been designated in the Food and Drug Administration and the Indian Health Service.

Minority health contacts in DHHS component agencies are also an integral part of the Minority Health Network. These include the Administration on Aging, Administration for Children and Families, the Health Care Financing Administration, and the Social Security Administration.

Also included in the Federal component of the National Minority Health Network are OMH's Regional Minority Health Consultants (RMHCs) which provide technical assistance, identify local and regional resources, and serve as a resource on minority health at the regional, state and local levels. The RMHCs are critical in the operation of the Network and often serve as the community's first contact with the federal government.

Regional Minority Health Activities

The Office of Minority Health utilizes Regional Minority Health Consultants (RMHCs) to serve as the representative of OMH in each of the 10 PHS regional offices. The RMHCs concentrate their efforts in building minority community capacity, developing partnerships with minority community based organizations, facilitating group/community meetings, developing linkages between various minority community groups (i.e., community coalitions) and promoting collaboration and coordination of all sectors of the health and human services arena. The RMHCs serve as front-line advocates for minority issues and concerns at the regional, state and local levels. Often, they are the public's first contact with the Federal government as it relates to minority health issues. The RMHCs serve as the "eyes and ears" of the Federal government at the regional, state and local levels. Their activities focus on coordination of efforts at the state and local level, involving partnerships between the Federal, State and local government, and community-based, university, not-for-profit and for-profit entities. RMHCs often serve as project officers for federal grants, provide technical assistance, convene meetings between key individuals who often had not met before, and provide oversight of federally sponsored activities at the regional level. RMHCs play a major role in coordinating all PHS programs and activities that have a minority-focused component at the regional, State and local level. During FYs 93 and 94, the OMH Regional Consultants took on many of the responsibilities previously held by the National AIDS Program Office's Regional AIDS coordinators who were not returned to the field due to budgetary constraints.

In FY 93 and FY 94 the RMHCs:

- Provided assistance in developing State offices of minority health in New York, Arizona, Florida, and Vermont;
- Provided assistance in conducting the Surgeon General's regional Latino/Hispanic health conferences;
- Conducted the first regional forum on Southeast Asian health and social service needs titled "Southeast Asian Health and Community Issues Symposium" (Region VI, May 13-15, 1994);
- Co-sponsored a region-wide minority health conference on health care reform titled "Northwest Voices: People in Action for Health Reform" (Region X, August 17-19, 1994). Participants met in state caucuses to develop specific goals including mobilization and education of communities about health care, the health status of minorities, and health care reform.
- Co-sponsored Arizona and Region IX's 3rd Annual Multicultural Health Conference "Partnerships to Build Healthy Ethnic Communities" (Region IX,

October 6-7, 1994); and

- Developed and published quarterly regional minority health newsletter titled "Initiatives in Minority Health" (Region VI). Overall 1,000 individuals in the region are on the mailing list.

The OMH supports two FTEs in each regional office and provided funding support of approximately \$1.3 million per year in FY 93 and FY 94.

State Offices of Minority Health and Entities

The formation of State offices of minority health has been crucial to the successful operation of the minority health network. They serve as pivotal points between the Federal, State, and local efforts to improve the health status of minority populations. A meeting of State representatives was held in June 1990 with only five states represented. Since then, the number and scope of State offices has grown, with 19 states being represented at the "First Meeting of the Minority Health Network" held in October 1991. By the end of FY 93, 25 States had offices, while at the end of FY 94, 31 States had established state minority health offices. The offices range from units within State health departments to independent commissions, advisory committees, and task forces established by Governors and State legislatures. Each office has a mission generally similar to the Federal Office of Minority Health with the structure and location of each entity differing from state to state.

At the end of FY 94, State offices of minority health or minority health representatives were present in the following States:

Alabama	Arizona	Arkansas	California
Delaware	Florida	Georgia	Hawaii
Illinois	Iowa	Indiana	Louisiana
Massachusetts	Michigan	Minnesota	Missouri
Nebraska	New Jersey	New York	North Carolina
Ohio	Oklahoma	Oregon	Rhode Island
South Carolina	Tennessee	Texas	Utah
Vermont	Virginia	Washington	

Note: This list is subject to change based on actions of state legislatures, state health department directors, or other officials in charge of creating a state minority health entity.

CHAPTER 3 OMH GRANTS

In response to the changing public health arena, OMH undertakes specific demonstration programs which are aimed at having a direct, community-led impact on the health status of minority populations. These programs foster an integrated, grassroots approach to the myriad of problems facing minority populations. OMH fosters and encourages community involvement and leadership in addressing minority health issues. OMH directly administers four grant programs, and through memorandum of understanding and agreements with CDC and HRSA, supports an additional four grant programs. These programs provide a unique opportunity to directly support activities at the community level. Based on the health issues identified in the Task Force Report, in particular HIV, diabetes, and cancer, OMH has directly funded projects which focus on community health coalition development, HIV/AIDS prevention and education, minority males, diabetes, and cancer. In addition, OMH, working with various PHS agencies, participated in programs focusing on HIV/AIDS prevention and education in housing projects and rural areas, diabetes, hypertension, cancer, Hispanic Centers of Excellence, and incarcerated females.

OMH grants programs have shown to be particularly successful in supporting activities and local programs that have remained viable after OMH funding ended. In addition, since the grants programs are demonstrations, information learned is used as a basis for policy discussion, revamping of existing efforts, refocusing of planned efforts, and support for similar activities in other agencies. Each OMH directly-funded grant program is summarized below. Also included in this discussion are programs which are administered cooperatively with other PHS agencies, either through a memorandum of understanding or agreement.

Information on the funding provided for OMH grant programs is included in Exhibit 7. Descriptions of individual programs funded in FY 93 and FY 94 are included in Exhibit 15.

During FY 93 and FY 94, OMH provided funds under the following grant programs:

<u>Program</u>	<u>FUNDING PERIOD</u>
1) Minority Male Demonstration Grant Program	FY 1991 - FY 1994
2) Minority Community Health Coalition Demonstration Grants Program	FY 1991 - FY 1994
3) Bilingual/Bicultural Service Demonstration Grants Program	FY 1993 only

- | | | |
|----|--|------------------------------|
| 4) | Health Resources and Services Administration's
Minority Community Health Coalition HIV/AIDS
Education Program (rural) | FY 1993, FY 1994,
FY 1995 |
| 5) | Health Resources and Services Administration's
Minority Community Health Coalition Implementation
of HIV/AIDS Centered Education/Prevention
Demonstration Grants Program (public housing) | FY 1993, FY 1994,
FY 1995 |

(Note: Grant programs listed under #4 and #5 (FY93) are one year, non-renewable programs. Programs listed under #4 and #5 FY94, FY95 are programs renewable for two years.)

1. The Minority Male Grant Program

The Minority Male Grant Program (MMGP), initiated in 1990, funds community-based coalitions to perform outreach and other intervention activities aimed at risk reduction through behavioral changes of minority males. The MMGP was designed to support and develop community-based coalitions and organizations for projects which address health and social problems. OMH coordinated this program which specifically addressed several of the health issues identified in "7 + 4," such as substance abuse and chemical dependency, homicide, suicide, and unintentional injury, HIV infection and sexually transmitted diseases and mental health problems. In addition, the program was designed to address social problems, such as under-education, child abuse and neglect, criminal backgrounds, homelessness, teenage pregnancy and fatherhood, family dysfunction and violence, as these problems relate to at-risk minority males and which have a profound impact on the overall well-being of minority males.

Funding for this project first occurred in FY 91, with subsequent grant announcements and funding periods occurring in FY 92 and FY 93. FY 93 funding supported 8 Coalition Development grants in 8 states; and 19 Coalition Demonstration grants in 13 states for a total of \$4,253,000. FY 94 funding was provided to 4 Coalition Demonstration grants totalling \$649,000 in 3 states and the District of Columbia.

One such program, Community Counseling Services in Los Angeles, California, was initiated in response to the civil unrest. This program was developed to promote the health and mental health of Hispanic youth (males, aged 15 - 24) and their families

in West Central Los Angeles. Components of the project included community outreach, parent and family support groups, individual and family therapy, health education, homework support groups, primary health care, and supportive activities. Through a community coalition comprised of a family opportunity center, a middle school family center, a cultural center, a community counseling service, a school partner center, the local police department, the county probation department, the Los Angeles crime suppression unit, and a representative of a local Hispanic councilor, the project:

- included more than 1,000 local youth in activities;
- provided 8 to 10 week semi-structured support groups for more than 270 youth and 119 family members; and
- conducted health education classes attended by more than 2,200 participants.

Topics covered included alcohol and drug use, tobacco cessation, and HIV/AIDS. Other programs funded under this grant program engage in similar activities, each tailored to the specific needs of an identified community and target audience. Project descriptions for the minority male grant programs are included in Exhibit 11.

Individual projects are required to incorporate ongoing evaluation activities as part of their workplan.

Since violence in America as a public health problem takes its greatest toll on young minority males, any effort to address the problem must incorporate those strategies that also include the family and community. Beginning in FY 1994, the Minority Male Grant Program was incorporated into the Family and Community Violence Initiative.

2. Minority Community Health Coalition Demonstration Grant Program

The Minority Community Health Coalition Demonstration Grant Program, OMH's first grant program, has been in existence since 1986. This grant program is designed to provide opportunities for community capacity building through coalition efforts to develop and implement risk factor reduction interventions for specific racial and ethnic populations and demonstrate methods of developing community health coalitions that effectively promote disease risk factor reduction among minority populations. Programs were funded for a one year project period, specifically to enhance a coalition's effectiveness, renewable for up to three years. Focus areas include tobacco use cessation, hepatitis B, tuberculosis, cervical cancer, and nutrition education, among others. This grant program is administered by OMH and directly responds to the need to ensure access to health care and covers several of the other health priority areas.

In FY 93 and FY 94, 39 grants totalling \$4.6 million were awarded. Grants were awarded in 12 states and the District of Columbia. See Exhibit 8 for FY 93 - 94 funding levels.

An example of a successful program is MetroHealth Systems, Inc., of Cleveland. MetroHealth's Knowledge, Attitude, and Practice, or "KAP" Coalition is working in two target neighborhoods in Cleveland, Ohio. The program is conducting cardiovascular risk factor identification education, monitoring, and follow-up. A culturally specific prevention/education and health promotion component, and an environmental modification intervention are being implemented for African Americans. Also, a module on sexually transmitted diseases, continuing education, and training on cultural sensitivity for health professionals has been developed. Project evaluation will include a cost effectiveness analysis for potential applicability for future funding.

To date, the coalition has:

- conducted almost 3,500 cardiovascular screenings;
- conducted almost 1,700 dietary assessments;
- provided more than 400 individuals with information about sexually transmitted diseases in years two and three of the program;
- collaborated with 27 other agencies to conduct health fairs and health promotion activities; and
- provided more than 220 referrals to other health service agencies in the Cleveland area.

Other programs funded under this grant program engage in similar activities, each tailored to the specific needs of an identified community and target audience.

A multiple case-study evaluation of the Minority Community Health Coalition Demonstration Grant Program was completed in October 1993. The study covered the review of 26 two-year grants between 1986 and 1989. The purpose of the evaluation study was to determine how community coalitions could effectively promote minority health risk reduction, and to identify factors that contribute or hinder intervention and coalition effectiveness. The results of this evaluation are detailed in Chapter 6.

OMH incorporated many of the findings of this study to improve the clarity of subsequent Request for Application (RFA's) and to improve the outcome indicators for coalitions. Copies of the evaluation study were made available to other agencies, grantees, community organizations, and other interested parties.

3. Bilingual/Bicultural Service Demonstration Grant Program

The Bilingual/Bicultural Service Demonstration grant program is designed to provide support for pilot or other small-scale projects and activities which have the potential for building the capacity of minority community-based organizations to address access to health services issues for limited-English speaking populations. This program is administered by OMH. Support of bilingual activities has been specifically identified by Congress as a priority area for OMH. In addition, bilingual activities clearly address the "access" priority area identified in the "7 + 4" priority health areas.

The Bilingual/Bicultural Service Demonstration grant program supports projects which develop and test cultural orientation and training programs for physicians, nurses and other health-related professionals; the use of case managers and outreach workers from the racial and ethnic communities being served; counseling, mentoring and support group programs for limited English-speaking clients; improvement in translation and interpreting services; and school health curricula. Projects assist persons whose principal languages are Spanish, Khmer (Cambodian), Chinese, Hmong, Laotian, Mein, Samoan, Tagalog, Vietnamese, Choctaw, Cherokee, and Hawaiian. In FY 93, 12 one-year grants totalling \$600,000 covering 10 states and the District of Columbia were awarded. In FY 94, 35 one-year grants totalling \$2,600,000 covering 14 states and the District of Columbia were awarded.

One such project is administered by the Asian Americans for Community Involvement in Santa Clara County, California. This project is targeted towards limited English speaking Cambodians, Chinese, Laotian, and Vietnamese elderly, aged 55 and older. The project has conducted 17 health education lectures attended by over 700 seniors, developed 17 different support groups attended by more than 150 individuals, and arranged for more than 25 medical providers to volunteer to provide health screenings, including physicians, dentists and chiropractors.

Also funded are programs engaged in similar activities, each tailored to the specific needs of an identified community and target audience. Individual projects are required to incorporate ongoing evaluation activities as part of their workplan.

Jointly Initiated or Funded Projects/Interagency Agreements/Contracts

Several programs were either jointly funded by OMH and a PHS agency, or OMH provided additional funding to an existing program in an agency to enhance activities or provide an added focus to the expected outcomes. These programs, which were specifically undertaken to address health issues identified in "7 + 4,"

such as violence, HIV, and health professions development, were entered into as interagency agreements, memorandum of understanding, memorandum of agreements or as cooperative agreements either administered by OMH or one of the other agencies of the Department.

In FY 93, OMH entered into 17 interagency agreements totalling more than \$3,259,000, with CDC, HRSA, FDA, NIH, PHS Regional Offices, and the National Science Foundation.

In FY 94, OMH entered into 21 interagency agreements totalling more than \$4,539,000, with CDC, HRSA, FDA, NIH, AHCPR, Office of Population Affairs, Health Care Financing Administration, and the Administration for Children and Families.

A summary of memoranda of understanding/agreement entered into by OMH in FY 93 and FY 94 is presented in Exhibits 9 and 10.

Several examples of activities supported by cooperative agreements include:

1. Cooperative Agreement for Family and Community Violence Prevention Program

The Office of Minority Health, with the assistance of other PHS agencies, has committed FY 94 funds to support a cooperative agreement with a consortium of 16 Historically Black Colleges and Universities (HBCUs) located in 11 states and the District of Columbia. Specifically, the intent of this project is to design, develop, implement, and test a series of models that may be effective in preventing minority male and family-related violence in various communities. Under this cooperative agreement, the Department will provide the consortium institutions, under the leadership of Central State University of Wilberforce, Ohio, \$4.35 million to implement violence research and prevention programs at 16 member institutions.

Many of the institutions will establish Family Life Centers to conduct activities ranging from student counseling and Head Start family activities to the development of community violence newsletters. Three of the institutions will conduct separate research projects to study violence and dysfunctional families (Central State University), the effectiveness of police intervention in preventing multiple incidences of spousal and child abuse (Morehouse College), and conflict resolution strategies in public schools (Xavier College). Under this cooperative agreement, \$5.129 million was provided to implement programs at 16 member institutions. Funding for this effort included \$3.2 million from OMH; \$800,000 from NIH, \$175,000 for HCFA. Total funding is detailed in Exhibit 12.

2. Health Resources and Services Administration's Minority Community Health Coalition HIV/AIDS Education Program (public housing)

The Minority Community Health Coalition HIV/AIDS Education Program was designed as a collaborative effort between the Office of Minority Health and the Bureau of Primary Health Care in the Health Resources and Services Administration (HRSA) to establish Minority Community Health Coalition (MCHC) HIV/AIDS Centered Programs for residents of public housing. This program is administered by HRSA. It specifically targets Section 340(a) Public Housing Primary Care grantees for the development and implementation of comprehensive strategies centered around HIV and related health problems associated with risk behaviors underlying HIV transmission.

The program was first implemented through an interagency agreement in 1993. The program targets the development of innovative activities aimed at improving the health status of disadvantaged racial/ethnic minorities through the provision of health education, health promotion and disease prevention pertaining specifically to diseases such as HIV/AIDS. The program is designed to expand the range of minority community based organizations and coalitions involved in education and prevention activities by targeting residents of public housing. Grantees are required to develop community health coalitions to identify health education strategies to help reduce the risk for acquiring or transmitting HIV and other health problems associated with similar risk behaviors, including tuberculosis (TB), Hepatitis B, substance abuse, and sexually-transmitted diseases. Although TB is not directly related to risk behaviors underlying HIV transmission, persons with compromised immune systems such as those with HIV infection and AIDS are more susceptible to TB. Thus, people with TB warrant special attention because of the high level of communicability.

Four projects were funded for two year grant periods. Individual projects are required to incorporate ongoing evaluation activities as part of their workplan. The Bureau of Primary Health Care in the Health Resources and Services Administration is the lead agency on this effort, which was partially supported by funding from OMH. OMH contributed \$305,000 in FY 93 and \$400,000 in FY 94.

3. Health Resources and Services Administration's Minority Community Health Coalition Development and Implementation of HIV/AIDS Centered Education/Prevention Demonstration Grant Projects (rural)

This program was designed as a collaborative effort between the Office of Minority Health and the Office of Rural Health Policy (HRSA) to establish Minority Community Health Coalitions (MCHC), specifically in rural areas. The program is administered by the Office of Rural Health Policy (HRSA) and specifically addresses

several of the health issues identified in "7 + 4." The purpose of these coalitions is to develop strategies to implement integrated HIV/AIDS-centered plans to address risk behaviors underlying HIV transmission. In addition, coalitions may address other health areas such as hypertension, cancer, and diabetes which disproportionately impact racial and ethnic minority populations.

The program promotes the development of innovative activities aimed at improving the health status of disadvantaged racial/ethnic minorities living in rural areas through the provision of health education, health promotion and disease prevention around diseases such as HIV/AIDS. The program is designed to expand the capacity of minority community-based organizations and coalitions located in rural communities for involvement in education and prevention activities. The program is intended to improve the delivery of health and social services to rural minority populations focusing on health education and prevention, issues of identification and treatment of contemporary diseases such as HIV and AIDS. The projects are designed to disseminate information regarding the health of rural minority populations, to encourage exchange of dialogue between appropriate groups, and make policy makers aware of unique problems confronted by rural minority populations.

Individual projects are required to incorporate ongoing evaluation activities as part of their workplan. OMH contributed \$450,000 to this effort in FY 93 and \$525,000 in FY 94.

4. Model Hispanic Center of Excellence Program

The Model Hispanic Center of Excellence Program was designed by the Health Resources and Services Administration to develop, implement, evaluate and document a comprehensive program which establishes a continuum of support for selected Hispanic students from high school graduation through graduation from medical school. HRSA administers this program which specifically addresses several of the health issues identified in "7 + 4."

The major components of this model include: 1) formal relationships with magnet health professions high school programs, from which targeted students would be selected; 2) parameters of formal arrangements with an undergraduate university premedical honors program that defines educational experiences and levels of academic rigor that assures the selected students provisional admission to the college of medicine; 3) defined initiatives designed to enhance the targeted students performance and assure completion of the requirements of medical school graduation; 4) specification of information resources and curriculum content and clinical experiences relevant to target group health issues; and 5) facilitation of faculty and student research at the medical school in a target group health problem

area. The Model Hispanic Center of Excellence Program is supported through a Memorandum of Agreement between OMH and HRSA's Bureau of Health Profession's Division of Disadvantaged Assistance. OMH contributed \$50,000 to this effort in FY 93 and \$150,000 in FY 94.

5. Transitional Health Training Program with Incarcerated Females

The Transitional Health Training Program with Incarcerated Females was designed by the Health Resources and Services Administration to develop and implement a model program for the delivery of comprehensive primary health care services to African American and Hispanic adjudicated and incarcerated women in youth facilities.

This intra-agency agreement is in the third and final year of operation. It is jointly funded between the OMH and HRSA, Maternal and Child Health Bureau (MCHB). OMH contributed \$75,000 to this effort. The MCHB will maintain the lead responsibility for implementation. This program specifically addresses the access to care and the health professions development priority areas identified in "7 + 4."

CHAPTER 4 PHS AGENCY COORDINATION

OMH's coordination and advocacy role requires that the Office work continuously with other agencies within HHS in order to influence programs and policies, as a means to review pending actions and to provide comment on their impact on minority populations, especially as they relate to the health issues identified in "7 + 4." In addition, OMH has often taken the leadership role in program development; and, after analyzing its effectiveness, working with the various HHS agencies to incorporate an activity into its overall mission. Through constant formal and informal interaction with the HHS agencies, OMH is able to advocate on behalf of the health related needs of minority populations, thus influencing the action of the HHS agencies, policies, programs, and outcomes. Many of these activities are implemented through memorandums of understanding (agreement to participate jointly on an activity), and memorandum of agreement (assigning financial support to a particular activity or program). Often, OMH funds are used as "seed money," which may stimulate a minority-focused activity in which additional funding is provided by an agency to increase the overall impact of a particular program. This seed money may initiate a critical program at the agency or local level which provides for local implementation and later, large-scale adoption. Key examples are grant programs jointly funded between OMH and the Health Resources and Services Administration and between OMH and the Centers for Disease Control focusing on HIV/AIDS in minority communities, rural areas and public housing programs.

PHS-Wide Funding

In FY 93, the total PHS spending for programs, projects and efforts focusing specifically on minority populations totalled \$2.70 billion dollars. In FY 94, this amount increased to \$2.89 billion, an increase of \$19 million, or 0.7 percent. (See Exhibit 13 for a breakdown of PHS minority health funding and assistance, by PHS Agency or Office for FY 93 and FY 94, with FY 95 planning budget projections). Major funding increases from FY 93 to FY 94 occurred in Native Hawaiian Professions Scholarships (HRSA); HIV/AIDS (CDC); Minority Biomedical Research Support (NIH); the Minority Health Initiative (NIH); AIDS Research Activities (NIH); policy and research activities (AHCPR); and health care services delivery (IHS).

Major Activities

Major activities undertaken in a coordinative or collaborative manner in addition to the grant activities are summarized in Chapter 4, and include the Healthy People 2000 progress reviews, and collaborative efforts with specific PHS agencies. Summaries of these efforts follow.

Healthy People 2000 Progress Reviews

Healthy People 2000 is an initiative to improve the health of the Nation through a focus on prevention. It is a cooperative effort among government, voluntary and professional organizations, business, and individuals that is coordinated by PHS. The centerpiece to this initiative is a set of goals and objectives published in 1990 as Healthy People 2000.

The Office of Disease Prevention and Health Promotion (ODPHP) within the Public Health Service has overall responsibility for monitoring the implementation of the goals and objectives. Two major activities have been undertaken in FY 1993 and FY 1994 in which OMH played an important role. The first is the conducting of cross-cutting progress reviews on specific population groups, including American Indian and Alaska Natives, Asian and Pacific Islander Americans, Black Americans, and Latino/Hispanic populations. The OMH serves as a co-chair of the work groups that develop and conduct the progress reviews for three of these cross-cutting reviews. These progress reviews provide an update of progress in achieving objectives for specific populations, inform the Assistant Secretary for Health of specific partnerships between lead agencies and Federal and non-governmental groups, and identify strategies and specific action steps which will insure achievement of the year 2000 objectives. As co-chair of the work groups, the OMH also has responsibility for monitoring the implementation of the action steps resulting from the progress reviews.

Progress reviews serve as the mechanism whereby the Assistant Secretary for Health addresses how the Nation is doing in meeting the Healthy People 2000 targets. It also provides an opportunity to engage invited private and voluntary sector partners in discussion of policy issues relevant to minority populations.

Specific progress reviews were held on Hispanics and Asian Americans and Pacific Islanders during FY 93 and FY 94. Planning for progress reviews for Blacks and Native Americans scheduled to occur in FY 95 was initiated in FY 94.

The second activity is the mid-course revision. As we near the year 2000, the ODPHP has spearheaded a review of all 300 objectives contained in Healthy People 2000 to determine whether revisions are necessary due to scientific developments and new information, or current issues and data. The OMH had a major role in developing proposed revisions for minority specific objectives. The OMH conducted an extensive review of newly published data and proposed 125 new minority specific sub-objectives -- approximately 112 have been accepted by lead agencies and published in the document Healthy People 2000 National Health Promotion and Disease Prevention Objectives, Mid-course Revisions currently undergoing public review and comment.

- Hispanic Progress Review

In September 1993, OMH, along with ODPHP, co-chaired the Hispanic Healthy People 2000 Progress Review. This review assessed efforts to-date to achieve the objectives for Hispanic Americans.

- Asian and Pacific Islander Progress Review

In June 1994, OMH, along with ODPHP, co-chaired the Asian and Pacific Islander Healthy People 2000 Progress Review. This review assessed efforts to-date to achieve the objectives for Asian and Pacific Islander Americans.

- Black Progress Review

Planning for a Black Progress Review began in FY 94. The review is scheduled for December 1994.

- Native American Progress Review

Planning for an American Indian/Alaska Native Progress Review was initiated in FY 94. The Progress Review is scheduled for February 1995.

Agency for Health Care Policy and Research

As mentioned in a previous section, the Agency for Health Care Policy and Research (AHCPR) collaborated with OMH and other PHS agencies in funding the Cooperative Agreement for Family and Community Violence Prevention Program. This project, funded in FY 1994, is intended to support the design, development and implementation of models to address violent behavior by a consortium of 16 Historically Black Colleges and Universities (HBCUs). This effort focuses on preventive measures regarding family and community violence. AHCPR provided \$25,000 to OMH through an interagency agreement to support the inclusion of health services research in the overall project. Planning of the project is underway; no project findings are available.

In FY 93, AHCPR and OMH collaborated on a workshop sponsored by the AHCPR User Liaison Program, conducted for senior state and local government officials. The workshop was titled, "Minority Youth -- The Emerging Majority: Strategies for Improving Health Status and Outcomes."

AHCPR continues its commitment in supporting health services research on minority populations, disseminating AHCPR-supported clinical practice guidelines to minority health care providers and consumers, and increasing the pool of minority health

services researchers. AHCPR's principal initiative in minority health is the MEDTEP (Medical Treatment Effectiveness Program) Research Centers on Minority Populations. Approximately \$5.5 million in MEDTEP funding in FY 93 accounted for 81 percent of all funding for minority health initiatives in AHCPR. In FY 94, the estimated \$5.8 million in funding for the MEDTEP Research Centers was 75 percent of all funding for minority health initiatives sponsored by AHCPR.

Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) entered into a memorandum of agreement (MOA) with OMH in FY 1990 to update the 1985 Secretary's Task Force Report on Black and Minority Health and coordinate the implementation of recommendations developed by the PHS Data Policy Committee Task Force on Minority Data. This MOA was continued in FY 93 and FY 94 and was supported by CDC with \$55,000 in FY 93 and \$138,387 in FY 94. The first component of the Task Force Report provided an assessment of the additional deaths in minority populations beyond what would be expected in the non-minority population. Among other things, these data are used to develop and conduct interventions and program evaluation.

CDC participated in a variety of programs and activities with other PHS agencies and outside organizations which focused on minority populations, including 1) serving as liaison for the Healthy People 2000 Objective for Minority Populations and including updating of material; 2) establishing cooperative agreements with HBCUs and with the Minority Health Professions Foundation; 3) cooperative agreement with the Congress of National Black Churches to provide technical assistance and training programs related to immunization programs, as well as to establish a health unit, speakers bureau and health network; and 4) serving on the planning committee for the Migrant Health Stream Forums in PHS Region IV, and providing financial support for this effort.

Food and Drug Administration

The Food and Drug Administration and the Office of Minority Health participated in numerous activities which were either minority focused or had a major impact on racial and ethnic minority populations, including 1) Food Labeling Reform Initiatives with minority organizations regarding diet and health workshops focusing on labeling, nutrition and tailoring nutrition education to ethnic groups; 2) Spanish-language version of "Dietary Guidelines for Americans;" 3) expanded recruitment initiatives with HBCUs and Hispanic colleges and universities, including the appointment of a Special Assistant to the Commissioner with responsibility for minority recruitment; 4) development of seafood safety brochures for distribution at

the Warm Springs Indian Reservation; and 5) co-sponsoring, with PHS, a 2 1/2 day Southeast Asian Health and Community Issues Symposium which focused on health and quality of life issues for Vietnamese, Cambodians, Laotians, and Hmongs in Houston, Texas.

Health Resources and Services Administration

Nineteen interagency agreements were funded between the Health Resources and Services Administration (HRSA) and OMH for projects targeted specifically for minority health in FY 93 and FY 94. Three interagency agreements were funded by HRSA with other agencies. Examples of projects funded include bilingual assistance programs in 11 States focusing on Asians and Pacific Islanders and Hispanics; HIV/AIDS programs in public housing and rural areas; faculty enhancement at Meharry College; Black and Hispanic youth initiatives; programs for incarcerated Black and Hispanic women; a minority training institute; data collection; violence prevention efforts; minority male health initiatives; Hispanic regional meetings; Native American clinical-academic clerkships; and prevention programs on TB and Hepatitis B.

HRSA's funding for programs at Historically Black Colleges and University (HBCU) programs in FY 93 totalled \$36.1 million, and \$34.4 million in FY 94.

Many of the targeted minority health activities funded by HRSA relate directly to the "7 + 4" priority areas. Many of HRSA's programs, while not directly targeted to minority populations, strongly affect minorities; primarily Community Health Centers and the Migrant Health Centers. More than 62 percent of CHC patients and 63 percent of MHC patients are minorities. Many minorities are also served by the Health Care for the Homeless, Ryan White CARE Act AIDS Programs, and programs funded by the HRSA's Maternal and Child Health Bureau.

Indian Health Service

The IHS exclusively serves the American Indian and Alaska Native populations who live on reservations, mainly through Federal and tribal-run clinics. IHS has designated an individual to serve as the minority health liaison to OMH. This individual serves on interagency committees and provides technical assistance and advice regarding the American Indian and Alaska Native population.

National Institutes of Health

The National Institutes of Health (NIH), acting through the Office of Research on Minority Health (ORMH), has developed a two-part strategy to improve the health

status of minority Americans and expand the participation of minorities in biomedical and behavioral research. Since its inception, ORMH has collaborated with all of the NIH institutes, centers and divisions, as well as with OMH, thus enhancing minority health research and research training in a number of biomedical and behavioral disciplines.

Collaborations with the Office of Minority Health included an interagency agreement with OASH to support the capacity building demonstration program at Historically Black Colleges and Universities (HBCUs) at \$479,000 in FY 1993 and \$483,000 in FY 1994. ORMH also provided \$2 million to the National Science Centers for Minorities, the Partnership for Minority Student Achievement, and the Alliance for Minority Participation, each aimed at those racial and ethnic groups that are underrepresented in science, engineering and mathematics.

Through a contract with Howard University in Washington, D.C., the ORMH is working towards the development of an education campaign program aimed at increasing organ transplant awareness in minority communities across the U.S. Through the establishment of a Washington, D.C. - based national office to coordinate overall project direction, this program is expected to reach Hispanic, Asians and Pacific Islanders, American Indian and Alaska Native, and Black populations based on successful activities with the Black population in Washington, D.C. FY 1993 funding was \$437,000, and FY 94 funding was \$821,000.

Additionally, in FY 94, ORMH contributed \$350,000 through an interagency agreement with CDC to support the Public Health Service sponsored National Congress on the State of HIV/AIDS In Racial and Ethnic Communities, targeted to reach all racial and ethnic populations.

Also in FY 94, ORMH collaborated with the Office of the Assistant Secretary for Health by funding an interagency agreement for \$800,000 to support the Family and Community Violence Prevention demonstration program. This program is a collaborative agreement with a consortium of 16 Historically Black Colleges and Universities, headed by Central State University in Wilberforce, Ohio.

ORMH also provided \$500,000 to OMH to collaborate in a grant program which funds projects and activities which will demonstrate approaches to ameliorate language and cultural barriers to health services and/or improve access to health services for limited-English speaking minority populations.

Substance Abuse and Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA) supported a key component of the Historically Black Colleges and Universities initiative in FY 94. SAMHSA is providing \$2 million over the next two years to support the efforts of Central State University's efforts through the High-Risk Youth Alcohol and Other Drug-Related Violence Prevention Demonstration Program.

Collaborative Activities with the Office of the Assistant Secretary for Health and Other Federal Agencies

The Office of Minority Health, as a staff office to the Assistant Secretary for Health (OASH), collaborated on a number of projects and programs with other staff and program offices within OASH. Such collaboration allowed OMH to provide input into the design and implementation of these projects and allowed for a greater exchange of information with other OASH staff offices.

In addition to specific projects and programs, OMH staff served on a multitude of Departmental committees, task forces, work groups and other Federal groups which discussed issues affecting minority populations. The importance of representation on these committees cannot be overstated. Often, OMH staff would be the only representative of racial or ethnic minority perspectives present at the time of discussion of critical issues, and often would be the only representative to analyze or critique an idea based on how it would affect minority populations. A list and description of the committees, task forces and work groups on which OMH staff served in FY 93 and FY 94 is presented in Exhibit 14.

1. Surgeon General's Hispanic Health Initiative

Since 1991, OMH has been working collaboratively with the Office of the Surgeon General in attempting to clearly define problems and craft viable community-driven strategies to address Hispanic health issues. In 1991, the Surgeon General participated in an Hispanic Health Summit of over 40 Chief Executive Officers of major Hispanic organizations throughout the Nation. The forum was convened to provide recommendations to be incorporated into a Hispanic health action plan, also known as the Hispanic Initiative. In September 1992, the Surgeon General's National Workshop on Hispanic/Latino Health was held. More than 200 Hispanic leaders convened and developed 175 recommendations in five priority areas:

- improved access to health care;
- improved data collection strategies;

- increased representation in the science and health professions;
- development of a relevant and comprehensive research agenda; and
- health promotion and disease prevention efforts.

Subsequently, in March and April 1993, the Surgeon General sponsored five regional health meetings to identify health issues specific to each region, to formulate partnerships for action at the state and local level, and to develop appropriate community-based recommendations to complement the national recommendations. At the end of April 1993, the executive planning committee met to summarize the previous national and local recommendations. These recommendations, compiled in a report titled "TODOS: Recommendations to the Surgeon General to Improve Hispanic/Latino Health" (June 1993), have been distributed nationally and locally to health professionals, policy makers and relevant state and Federal agencies. As a direct result of this initiative, the Assistant Secretary for Health has initiated a regular meeting with high level Hispanic Public Health Service employees to discuss ways to implement the recommendations and to provide an ongoing voice for Hispanics concerning PHS programs and policies.

2. Breaking Barriers, Building Bridges: National Congress on the State of HIV/AIDS in Racial and Ethnic Communities

The Office of Minority Health, in collaboration and coordination with the National AIDS Program Office and the OASH Office of Communication, developed, designed and hosted a national conference focusing on HIV/AIDS in racial and ethnic populations. More than 900 community and Federal representatives attended the conference. OMH was given the lead responsibility for the day-to-day organization and operational management of this conference. The conference was held September 15 - 18, 1994 in Washington, D.C., and was considered by Federal and community individuals as beneficial and highly successful. As a result of this conference, specific community action plans were developed to assist individual communities in addressing HIV/AIDS in their locales. Federal agencies participating in this effort included the following Public Health Service Agencies: Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Services, National Institutes of Health, and Substance Abuse and Mental Health Services Administration. Also included was the Office of the Surgeon General. The following DHHS agencies also participated: Administration for Children and Families, Health Care Financing Administration, Social Security Administration, and the Office of Intergovernmental Affairs. Other Federal executive agencies participating included: Housing and Urban Development, Justice and

Veterans Affairs. OMH regional consultants assisted in the development of workshops, identification of speakers, and identification of potential attendees. In addition, the regional consultants serve as a focal point for follow-up activities, providing technical assistance and information at the regional level to individuals involved in HIV-related efforts.

CHAPTER 5 SUPPORTIVE ACTIVITIES

Many of the health related issues affecting minority populations are complex in nature. Often they involve many components of health care delivery, including access, health professions, data and cultural competency. In addition, health issues do not necessarily have a single focus. For example, HIV infection can often be attributed to illegal drug use. It may be exacerbated by alcohol use. Further, an individual may not have health insurance nor be part of a primary care program. Cross-cutting issues and activities are ones which, by their very nature, affect the ability of the health care system to address the needs of the population, and cover a variety of topics, concerns or issue areas. OMH has taken the lead in addressing cross-cutting issues as they affect racial and ethnic minority communities through specific and general activities both at the governmental and community level. Of particular importance are the activities related to the Healthy People 2000 Mid-Course Reviews, the Health Science Enrichment Programs, Alternatives to Violence Project and other community-focused activities.

Summarized below are examples of major activities:

Health Science Enrichment Program

The Health Science Enrichment Program administered by OMH is designed to develop, implement, and evaluate a summer residential enrichment program focusing on health and science for incoming tenth grade students selected from minority and underserved populations. This purpose is related to the cross-cutting issue of health professions development included in the "7 + 4" priority areas. FY 1993 funding was \$724,000, with \$752,000 provided in FY 1994. Four universities were awarded contracts in 1993, each having 30 students enrolled in the program. Enrollment in that program is as follows:

- | | |
|---------------------------------|-----|
| • Black | 66% |
| • Non-Minority | 15% |
| • Hispanic | 11% |
| • American Indian/Alaska Native | 5% |
| • Asian and Pacific Islander | 3% |

The goal of the program is to encourage underrepresented minority and underserved students to select careers in science, mathematics, research, and the health professions.

Program objectives are to:

- broaden and enrich students' science, research and socio-cultural background; and
- contribute to the development of a strong core of health professionals and researchers for the future.

As a result of this activity, 120 students from Alabama, Illinois, Indiana, Mississippi, Tennessee and Washington, D.C. attended a four week summer residential program with classes in biology, computer sciences, and chemistry, with special lectures by well-known researchers, career counseling, professional advisors, and workshops on college admissions. In addition, workshops in learning skills and test-taking are incorporated into the program. Students have the opportunity to have "direct" experience in the fields of science, mathematics, laboratory research and health professions as a result of "hands-on" experience using resources (such as intramural laboratories, state-of-the art equipment and supplies, etc.) that extend far beyond the usual high school classroom instruction.

OMH funded four HSEP contracts in FY 1993, including:

- Georgetown University
- Southern Illinois University at Carbondale
- University of Illinois at Chicago
- Mississippi State University

The HSEPs are housed in institutions or organizations which are awarded contracts to develop, implement and evaluate health/science enrichment programs. Proposals were accepted from institutions within the United States. High schools collaborating with colleges and/or universities, as well as schools of public health, and health professions schools were eligible offerors.

Each HSEP contract contains a requirement to evaluate the summer residential program. Evaluations of the first summer program (1994) are being finalized by the institutions. Evaluation of academic year mentoring has not yet begun. Most of the institutions include the following components in their evaluations:

- Determination whether specific program objectives were met;
- Student pre- and post- test on science and math skills as well as career choice and attitudes (e.g., use of Strong Interest Inventory);

- Student questionnaire on content and logistics of summer program (e.g., classes, teachers, counselors, school visits, special training sessions, etc.);
- Faculty questionnaire on content and logistics of summer program; and
- Mentor and student questionnaire on mentor relationship and experience.

Threshold of Discovery Report

OMH participated in a subcommittee on Special Populations for the development of a **Report to Congress: Threshold of Discovery - Future Directions for Research on Aging**. Eighteen recommendations on special populations highlighted the need for greater recognition of women, racial and ethnic minorities, rural residents, the oldest elderly, and disabled persons in gerontology and geriatric medicine.

The subcommittee recommended that the following items receive immediate priority:

- Inclusion of Women, Minorities, and Rural Residents in Study Populations;
- Design of Surveys of Racial and Ethnic Minorities;
- Projecting the Size and Composition of the Oldest Elderly Population;
- Health Care and Social Services for Older Rural Residents;
- Women's Health and Late-Life Disability;
- Use of Medical, Social, and Economic Support Programs by Minority Elderly Persons; and
- National Data Sets on the Status of Older Minority Populations.

The report stated that the inclusion of cultural, ethnic, and gender considerations in service delivery programs can increase the effectiveness and decrease the cost of delivering services to these populations. It would also have positive effects on overall or public understanding of the health status and health needs of older persons generally.

Federal Interagency Task Force on Older Indians

OMH staff actively participated with the Subcommittee on Health for the Interagency Task Force on Older Indians, chaired by the Administration on Aging and the Indian Health Service. The objective of the Task Force was to develop an action plan focusing on the improvement of services to elderly American Indians and Alaska Natives. The subcommittee has reviewed the IHS Workgroup on Aging Action Plan and the National Indian Aging Agenda, and has visited a number of Federal agencies that serve older Indians to better understand the ability of these agencies to reach out to these communities.

Children's Nutrition Campaign

OMH has participated in various groups to provide insights on nutritional needs significant to minority populations. The Department of Agriculture is initiating a Children's Nutrition Campaign through the Food Consumer Services of the Food and Nutrition Services. They hope to collaborate further with OMH in order to reach a broad range of population groups, including minority children. They will use the "five-a-day" food group concept as the basis of their education program.

In addition, the American Dietetic Association (ADA) has worked with OMH to ensure that materials are appropriate for minority populations and has sought to disseminate this information to their constituents.

Minority Health Programs and Activities in the Voluntary and Corporate Sector

OMH has provided technical assistance to other government and private sector organizations to enhance their ability to reach minority populations. For example, the Consumer Products Safety Commission and the National Highway Traffic Safety Administration wished to establish contacts with appropriate organizations that served hard-to-reach minority groups. Likewise, the OMH assisted the Center for Mental Health Services, SAMHSA, with appropriate referral points for their national Southeast Asian Mental Health Services Provider Directory. These programs specifically address issue areas identified in the Task Force Report, including several of the "7 + 4" priority areas and respond to Congressional intent, including: development of low-literacy materials; bilingual activities; programs specifically focusing on the health related needs of Asians and Pacific Islanders and their sub-group populations; and violence.

Ethnic and Low-Literacy Nutrition Education Materials

The Office of Minority Health provided funds to and participated with the National Cancer Institute (NCI) in the development of a variety of ethnic and low literacy nutrition education materials to assist health professionals who care for ethnic patients. Materials have been developed for Alaska Native, American Indian, Chinese, Filipino, Hispanic, Native Hawaiian, Vietnamese, and White populations. The formats are posters, postcards, booklets, tipsheets, tray tents, place mats, videos, and audio tapes. At the end of FY 94, the NCI arranged to print approved materials for planned distribution in FY 95.

Bilingual/Bicultural Eligibility Worker Training Program for Asian and Pacific Island Community Health Centers

With OMH funding in FY 93, the Association of Asian Pacific Community Health Organizations (AAPCHO) studied language and cultural barriers within community health centers that result in limited access to health services among Asians and Pacific Islander Americans of low English proficiency.

This project trained and positioned bilingual and bicultural eligibility workers in the 10 major community health centers (CHCs) that serve a predominantly Asian American and Pacific Islander clientele. This effort complemented a Federal mandate to States to provide bilingual eligibility workers for Medicare and Medicaid in Federally Qualified Health Centers (FQHCs).

The multilingual/multicultural assistance services provided in a culturally appropriate manner attracted many eligible people who had not previously applied for public aid. The study recommended that State governments should provide trained client liaisons and outstationed eligibility workers in community health centers. This study also recommended that Federal guidelines clarify the responsibility of State and local social services agencies in providing linguistically accessible services.

The Language Access Project

The Association of Asian Pacific Community Health Organizations (AAPCHO) under an OMH contract in FY 93, carried out a project entitled, "Development of Models and Standards for Bilingual/Bicultural Services for Asians and Pacific Islander Americans." While the project focused on the predominantly Asian and Pacific Islander populations served by AAPCHO's health centers, it sought to increase understanding of issues related to access to the American health-care system by everyone.

To develop a health-care system that is linguistically and culturally accessible for Asian and Pacific Islander populations, the study reports that Federal and State governments should take actions in the following three areas:

- Stricter regulations for equal care and effective monitoring mechanisms;
- Strengthening community-based infrastructures to deliver linguistically and culturally appropriate services through financial and technical support of existing programs as well as program-development activities related to language and cultural access; and

- Developing methodologies to attract populations which are medically underserved due to language and cultural barriers, especially medically underserved Asians and Pacific Islanders.

Based on the activities undertaken by AAPCHO, numerous policy recommendations have been developed by AAPCHO, including:

1. Client liaison positions: should be established at all CHCs to facilitate applications for public insurance programs. These positions should be supported by Federal and State governments.
2. Outstationed eligibility workers: should be provided by State governments to all CHCs, particularly in those States where face-to-face interviews are required. Efforts should be made to assure that such eligibility workers have the language skills to meet the needs of the health center service population.
3. Face-to-face interview: Unless a State has complicated application procedures and eligibility requirements, State governments should consider eliminating or waiving a face-to-face interview especially if an outstationed eligibility worker is unavailable.
4. Coordination between health centers and social services agencies: Increased coordination between CHCs and social services agencies, encouraged by Federal and State governments, could include, e.g., training, periodic meetings, memoranda of agreement, negotiations on respective roles in the application process, and coordinating applicant follow-up.
5. Training: Periodic training (i.e., Medicaid application screening process, on Federal policy, on cultural competency, etc.) should be provided for all staff at health centers and social services agencies.
6. Multilingual/multicultural staffing: should be increased at social services agencies to reduce language and cultural barriers in the application process. Federal guidelines should clarify the responsibility of State and local social services agencies in providing linguistically accessible services.
7. Reimbursement for services provided: There should be agreements between CHCs and social service agencies that recognize and provide cost-based reimbursement for interpretation and transportation services provided by CHCs to assist the application process. Additionally, the Federal and State governments should reimburse the health centers for such services that are not covered through cost-based reimbursement.

8. Written material: Application forms and information brochures should be made available in Asian and Pacific Islander languages and written in culturally appropriate manners. The Federal and State governments should play a role in supporting development of these materials and coordinating their distribution.

Commissioned Papers on Asians and Pacific Islanders

Four papers were commissioned by OMH to provide a framework for conferences on Asian and Pacific Islander American health issues to understand and discuss major problem areas that affect the well-being of Asian and Pacific Islander American groups in the United States. These papers were used in the first Southeast Asian Conference in Region VI; and in preparation for the Healthy People 2000 review on Asian and Pacific Islander Americans. The papers included:

- A Review of the Literature on Access to Health Care by Asians and Pacific Islanders in the United States;
- Health Promotion and Disease Prevention for Asian and Pacific Islanders: Premises, Problems and Possibilities;
- Quality of Life of Asian and Pacific Islander Americans; and
- Education, Employment, and Development of Health Care Professionals.

Alternatives to Violence Project

The Alternatives to Violence Project (AVP) is a volunteer initiative focusing on reducing interpersonal violence in prison settings. OMH, with the support from the Centers for Disease Control and Prevention, has taken the lead in developing and implementing this activity. AVP teaches conflict resolution skills that enable individuals to build successful personal interactions, gain insights into themselves and others, and find new and positive approaches to their lives. AVP offers experiential workshops that empower individuals to liberate themselves from the pain of violence. The Basic AVP Workshop offers primary conflict resolution skills through a series of step-by-step experiences: affirmation, communication, cooperation, and creative conflict resolution. A unique feature of this program is the fact that the program is operated by the prison inmates through senior and junior AVP Management Councils.

CHAPTER 6 EVALUATION

OMH views evaluation activities as an integral component of its mandate. Evaluation serves many purposes, including the determination of current activities; review of past activities in order to better implement future plans and as a basis on which to make policy recommendations and program decisions. As required under Public Law 101-527, Section 1707 (d)(b), a summary of evaluation activities carried out during the proceeding two years follows.

During FY 93 and FY 94, OMH entered into two major evaluation activities apart from the evaluation activities each OMH's grantee must undertake as a requirement for funding. Each grantee uses results of its evaluation efforts to provide immediate input into the implementation and effectiveness of individual programs. In addition, each grantee is required to submit quarterly reports used to gauge the progress of achieving stated programmatic objectives.

The following are the major evaluation activities conducted by OMH in FY 93 and FY 94.

1. Minority HIV/AIDS Education/Prevention Demonstration Grant Program Evaluation

In FY 1993, the Office of Minority Health awarded a \$350,000 one-year contract to evaluate the Minority HIV/AIDS Education/Prevention Demonstration Grant Program (1988-1989).

This process and outcome evaluation was designed to (1) produce a comprehensive assessment on the effectiveness of completed projects funded under the OMH Minority HIV/AIDS Education/Prevention Program; (2) assess their value and impact in addressing HIV/AIDS issues on behalf of and in minority communities; (3) accomplishments of grantees; (4) effectiveness of routine, specific and innovative community-based organization interventions; and (5) address lessons learned to help guide future development and policy.

This evaluation presented the following findings:

- When projects established linkages with other social service facilities, either through project staff or advisory board members, they were more likely to be involved in local decision-making processes about HIV/AIDS services.

- More program development and resources are needed to address the complexity of issues related to HIV/AIDS and STD's and their effects on youth, especially how the use of alcohol and other drugs place individuals and families at increased risk for HIV/AIDS and STD's.
- Racial/ethnic minority community-based organizations are not receiving adequate HIV/AIDS funding and support from local, state and Federal sources proportional to the prevalence of the disease in their communities.

2. Minority Community Health Coalition Demonstration Grant Program Evaluation

A multiple "case-study" evaluation of the Minority Community Health Coalition Demonstration Grant Program was performed by Tonya, Inc. of Washington, D.C., in October 1993. The study covered the review of 26 two-year grants between 1986 and 1989. The purpose of the evaluation study was to determine how community coalitions could effectively promote minority health risk reduction, and to identify factors that contribute or hinder intervention and coalition effectiveness. Several characteristics of successful coalition emerged. They included: 1) delineation of project goals and objectives that are clear and achievable; 2) active involvement of recognized, respected community leaders in coalition decision making; 3) inclusion of the target community in all aspects of the program, including needs assessment, design, implementation, and ongoing monitoring of activities; and 4) early attention to the evaluation component, including the collection of baseline data and the conduct of formative research.

In addition, the study produced these major findings:

- 1) The OMH grants significantly stimulated the development of the kinds of coalitions intended -- 73 percent of the project coalitions did not exist prior to OMH funding. After OMH funding ended, the intervention programs which continued were able to obtain funding from other public and private sources in amounts that ranged from \$50,000 to \$2.3 million.
- 2) The coalitions funded by OMH appear to be sustainable. An overwhelming majority (81%) continued after the end of OMH funding, and 69% were operational in 1993 in the same or modified form.

OMH used many of the findings of this study to provide clarity and improvement to subsequent RFAs (Request for Application) and to improve outcome indicators for coalitions. Copies of the evaluation study were made available to other agencies, grantees, community organizations, and other interested parties.

APPENDIX

OFFICE OF MINORITY HEALTH

REPORT TO CONGRESS:

LEADERSHIP, COORDINATION, AND COLLABORATION

List of Exhibits

1. OMH Resources, FY 93 and FY 94
2. OMH Organizational Chart, FY 93 and FY 94
3. OMH Division Descriptions
4. OMH Actual Funding by Race/Ethnicity and Percent of Funding -- FY 93
5. OMH Actual Funding by Race/Ethnicity and Percent of Funding -- FY 94
6. OMH Percent of Funding by Race/Ethnicity, FY 93 and FY 94
7. OMH Grant Program Funding, FY 93 and FY 94 (Dollar and Number of Grants)
8. OMH Funding for the Minority Community Health Coalition Demonstration Grants Program, FY 93 and FY 94
9. OMH Memoranda of Agreement, FY 93
10. OMH Memoranda of Agreement, FY 94
11. Funding for Minority Male Grant Program
12. Funding for Family and Community Violence Prevention Program, FY 94
13. PHS Minority Health Funding and Assistance, FY 93 appropriations, FY 94 appropriations, and FY 95 planning budget
14. OMH Staff Participation, Collaboration and Coordination Role on Federal and Non-Federal Committee, FY 93 and FY 94
15. Descriptions of OMH Supported Grant Programs Funded in FY 93 and FY 94
16. Federal Register Notices
17. Disadvantaged Minority Health Improvement Act of 1990 (P.L. 101-527)

Exhibit 1
OMH Resources
FY 1993 and FY 1994
(Amount Values in \$ 000s)

Resources	FY 1993		FY 1994		FY 1994		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Grants	55	7,660	74 ⁵	8,622	129	16,282		
Contracts	12	4,146	8	1,918	20	6,064		
Operating Funds	--	3,511	--	9,116	--	12,627		
Total	--	15,317	--	19,656	--	34,973		
Full-Time Equivalents (Actual)	68		73					

⁵ Includes one Cooperative Agreement: The Family and Community Violence Prevention Demonstration Program (\$3,200,000)

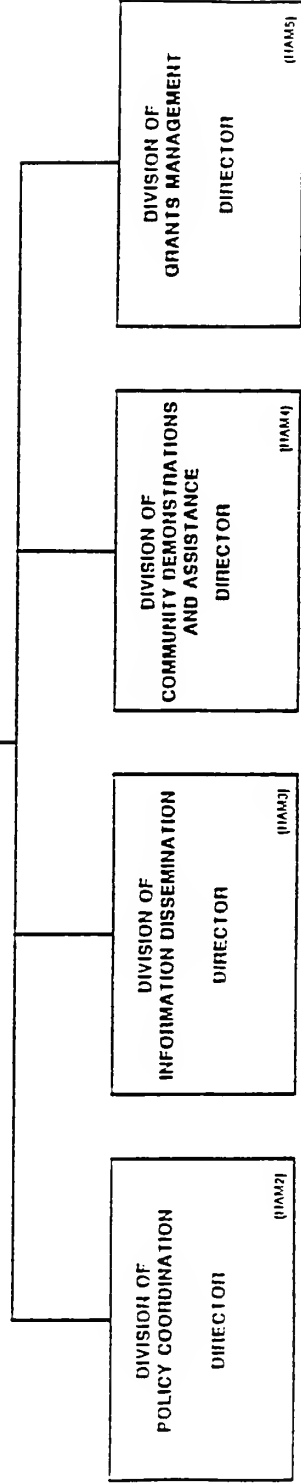
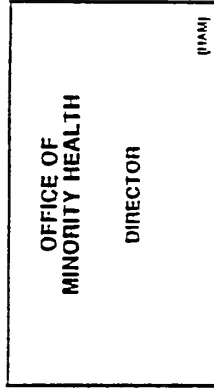
EXHIBIT 2

OMH ORGANIZATIONAL CHART

FY 93 and FY 94

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
Office of the Assistant Secretary for Health

OFFICE OF MINORITY HEALTH



APPROVED: *[Signature]*
DATE: 07/01/94

Exhibit 3

Office of Minority Health Division Descriptions

FY 93 and FY 94

- **Division of Policy Coordination** -- Develops DHHS-wide plans for updating and refining goals for minority health programs and activities, reviews the budget requests for PHS agencies to ensure adequacy and consistency with the Secretary's health goals and the Minority Health Strategic Plan, coordinates development and implementation of PHS plans and special initiatives, negotiates and monitors interagency agreements, analyzes current and prospective Federal activities affecting minority health and recommends initiatives to improve minority health, plans or conducts studies and evaluations relating to occurrence of disease and health problems in minority populations, plans and conducts statistical and data analyses, and coordinates evaluations and legislative activities.
- **Division of Information Dissemination and External Liaison** -- Manages minority health information, education, and awareness activities, including the National Minority Health Resource Center; manages public information activities and media and press relations; negotiates and monitors letters of agreement between OMH and non-Federal organizations; plans and conducts national and regional conferences, workshops, and seminars; provides technical assistance to Federal and State agencies for promotion, development, and conduct of minority health programs; and plans and coordinates efforts to promote minority health programs in the voluntary and corporate sectors.
- **Division of Community Demonstrations and Assistance** -- Directs PHS involvement in the Secretary's Minority Males Initiative and manages the Minority Male Grant Program (now known as the Family and Community Violence Initiative), the HIV/AIDS Demonstration Program, and the Minority Community Coalition Demonstration Grant Program. This division also manages a program of bilingual support services and assistance.
- **Division of Grants Management** -- Handles all business matters associated with the review, negotiation, award, and administration of grants and cooperative and interagency agreements as well as interpreting grants administration policies and provisions; budget functions; and administrative services.

Exhibit 4

OMH Actual Funding By Race/Ethnicity and Percent of Funding

FY 93

Group	FY 93 Actual (000's)	Percent Funding
Black	3,077	20.4
Hispanic	2,094	13.9
Native American	907	6.0
Asian/Pacific Islander	968	6.4
More Than One Group*	8,020	53.2
Total	15,066	100.0

* Funds listed in "more than one group" indicates programs which have more than one target audience (e.g., Black and Hispanic, Black, Asian or Pacific Islander, American Indian or Alaska Native).

Exhibit 5

OMH Actual Funding By Race/Ethnicity and Percent of Funding

FY 94

Group	FY 94 Actual (OOO's)	Percent Funding
Black	1,971	14.5
Hispanic	2,584	19.0
American Indian	230	1.7
Asian/Pacific Islander	1,714	12.6
More Than One Group*	7,062	52.8
Total	13,561	100.0

- * Funds listed in "more than one group" indicates programs which have more than one target audience. For FY 94, the amount listed in "more than one group" includes \$3.2 million provided to the Central State University HBCU consortium per Congressional direction. This program is the Family and Community Violence Program.

Exhibit 6

Percent of Funding By Race/Ethnicity

FY 93 and FY 94

Race/Ethnic Group	FY 93	FY 94
Black	20.4	13.2
Hispanic	13.9	17.3
American Indian	6.0	1.5
Asian and Pacific	6.4	11.5
More Than One Group	53.2	56.4

Note: Funds listed in "more than one group" indicates programs which have more than one target audience.

Exhibit 7
OMH Grant Programs
(Amount Values in \$000s)

Grant Program	FY 1993		FY 1994		FY 1994		Total	
	Number	Amount	Number	Amount	Number	Amount	Number	Amount
Minority Male	37	4,254	4	649	41	4,903		
Family and Community Violence	--	--	1	3,200	1	3,200		
Minority Health Coalition	15	2,747	24	1,874	39	4,621		
HIV/ AIDS Education/ Coalition	1	42	--	--	1	42		
Bilingual/ Bicultural Service Demonstration	12	617	--	--	12	617		
Bilingual/ Bicultural Demonstration	--	--	29	2,100	29	2,100		
Hispanic/ Latino Coalition Development	--	--	16	799	16	799		
Total	65	7,660	74	8,622	139	16,282		

Exhibit 7
OMH Grant Programs*
(Amount Values in \$000s)
(continued)

Note: In FY 1994, OMH refocused the Minority Male Grant Program to the Family and Community Violence Program through a multi-year cooperative agreement with a consortium of 16 Historically Black Colleges and Universities.

OMH received reimbursable funding for this consortium through various agencies, as follows:

National Institutes of Health	\$ 800,000
Agency for Health Care Policy and Research	\$ 25,000
Health Care Financing Administration	\$ 175,000
Office of Population Affairs	\$ 50,000
Administration for Children and Families	\$ 85,000
Total	\$1,135,000
 FY 1994 Total Funding:	 \$4,335,000
 Other Project Funding:	
 SAMHSA:	 \$ 280,000
HRSA:	\$ 250,000
CDC	\$ 264,000
 Overall Total:	 \$5,129,000

Note: The FY 1994 funding levels for the Bilingual/ Bicultural Demonstration Grants Program is \$2,600,570 for a total of 35 grants. Six grants were funded through reimbursable funds (\$500,000) from the National Institutes of Health.

Exhibit 8

OMH Funding for the Minority Community Health Coalition Demonstration Grants Program

FYs 1993 and 1994

Fiscal Year	No. of Grants	Funding (\$ million)
93	15	2.7
94	24	1.8
Total	39	4.5

EXHIBIT 9

OMH MEMORANDA OF AGREEMENT

FY 93

Agency	Purpose	Amount
Centers for Disease Control and Prevention	Support two staff to continue "Critical Review of the Health Status and Quality of Life for Ethnic and Racial Populations"	\$55,000
Food and Drug Administration	Provide general video production services	\$25,000
Health Resources and Services Administration	Support development and implementation of a model program for the delivery of comprehensive primary health care services to African America and Hispanic women adjudicated and incarcerated in youth facilities	\$50,000
	Support development, implementation, evaluation and documentation of a Model Hispanic Center of Excellence program	\$50,000
	Support bilingual assistance activities through three cooperative agreements	\$200,000
	Support production and publication of an updated version of Minorities and Women in the Health Fields	\$35,000
	Support Second Congress of Minority Nurse Leaders	\$60,000
	Conduct joint grant review orientation sessions for the Minority Male Grant Program	110,000
	Support Meharry Medical College Faculty Enhancement Initiative	\$385,743
	Support community coalitions for HIV/AIDS education/prevention in public housing projects	\$305,000
	Support activities related to Interdepartmental Minority Health/Science Coordinating Committee	\$75,000
	Support the Rural Minority Community Coalition for HIV/AIDS education prevention program	\$450,000
National Sciences Foundation	Support Summer Enrichment Program at the University of Texas-Edinburg	52,600
Regional Offices	Support 20 FTE's (Minority Health Consultants and staff)	\$1,321,000
Total		\$3,259,343

EXHIBIT 10

OMH MEMORANDA OF AGREEMENT

FY 94

Agency	Purpose	Amount
Centers for Disease Control and Prevention	Support two staff to continue "Critical Review of the Health Status and Quality of Life for Ethnic and Racial Populations"	\$138,387
Food and Drug Administration	Provide general video production services	\$11,649
Health Resources and Services Administration	Support development and implementation of a model program for the delivery of comprehensive primary health care services to African America and Hispanic women adjudicated and incarcerated in youth facilities	\$75,000
	Support development, implementation, evaluation and documentation of a Model Hispanic Center of Excellence program	\$150,000
	Support "Farmworker Health Resource Assessment: An Adjunct to the Latino Health Guidelines Project"	\$50,000
	Support Area Resource File	\$50,000
	Support HBCU violence initiative	\$50,000
	Support Shortage Area Clinic Physician Placement Program	\$150,000
	Support Meharry Medical College Faculty Enhancement Initiative	\$979,789
	Support community coalitions for HIV/AIDS education/prevention in public housing projects	\$400,000
	Support activities related to Interdepartmental Minority Health/Science Coordinating Committee	\$75,000
	Support Minority Middle Management Training Project (GHA)	\$50,000
	Support the National Hispanic Youth Initiative	\$40,000
	Support the National African American Youth Initiative	\$25,000
	Support the Rural Minority Community Coalition for HIV/AIDS education prevention program	\$525,000
	Support 20 FTE's (Minority Health Consultants and staff)	\$1,398,640
TOTAL		\$4,168,465

Exhibit 11

Funding for Minority Male Grant Program (Values in \$ 000s)

AGENCY/OFFICE	FY 1992	FY 1993	FY 1994	FY 1995 (est.)	Total ¹
ACF	640	--	--	--	640
HCFA	510	--	--	--	510
SSA	510	--	--	--	510
SUBTOTAL (OP/DIVs)	1,660	--	--	--	1,660
OMH/ OASH (NON-AIDS)	1,350	--	649	--	1,999
SAMHSA	865	--	--	--	865
CDC	250	--	--	--	250
IHS	250	--	--	--	250
HRSA	375	4,910	--	--	5,285
NIH	250	--	--	--	250
SUBTOTAL (OFFICE/AGENCIES)	1,990	4,904	649	--	6,900
TOTAL	5,000	4,904	649	--	10,559

¹ Program was implemented in FY 1990. All funding in FY 1990 totalled \$2,563,000; in FY 1991, \$2,290,000; and FY 1992, \$5,000,000.

Exhibit 12

Family and Community Violence Prevention Program

Departmental Funding

FY 94

Agency	Funding Amount
PHS/OASH Funding:	
OMH	\$3,200,000
NIH	800,000
AHCPR	25,000
OPA	50,000
Subtotal	\$4,075,000
DHHS Funding:	
ACF	85,000
HCFA	175,000
Subtotal	260,000
Total Funding	\$4,335,000

Exhibit 13

PHS Minority Health Funding and Assistance

FY 93, FY 94 and FY 95 Planning Budget

(\$ millions)

	FY 1993 Approp.	FY 1994 Approp.	FY 1995 P.B.*	+/- 94
HRSA:				
Health Careers Opportunity Program	\$25.0	\$25.0	•	(25.0)
Fin. Asst. for Disadvantaged Scholarships	6.2	6.2	••	(6.2)
Exceptional Financial Need Scholarships	10.4	10.4	••	(10.4)
Centers for Excellence	23.5	23.5	•	(23.5)
Health Professions Student Loans Recapitalization	7.9	7.9	••	(7.9)
Grants for Scholarships	17.1	17.1	••	(17.1)
Other	4.7	4.7	•	(4.7)
Consolidated Minority Health Initiative	-----	-----	53.2	53.2
Consolidated Loan Program	-----	-----	41.7	41.7
Subtotal, Health Profession	\$94.9	\$94.9	\$94.9	0.0
Community Health Professions Scholarships	0.5	0.5	0.5	0.0
Native Hawaiian Health Care Scholarships	6.1	6.8	5.3	(1.5)
Services In/Near Public Housing Projects	8.9	8.9	8.9	0.0
Subtotal, HRSA	\$110.4	\$111.1	\$109.6	(1.5)
CDC:				
Violence	\$5.7	\$5.7	\$5.7	0.0
HIV/AIDS	51.6	54.6	54.6	0.0
Other	14.2	15.8	15.8	0.0
Subtotal, CDC	\$71.5	\$76.2	\$76.2	0.0
NIH:				
Minority Biomedical Research Support	\$44.5	\$47.3	\$49.5	\$2.3
Minority Access To Research Careers	13.1	15.0	15.7	0.7
Research Centers at Minority Institutions	25.9	26.9	28.3	1.3
Minority Health Initiative	40.8	56.5	66.5	10.0
Hypertension	19.4	24.3	20.5	(3.7)
Sickle Cell Research	45.2	53.4	55.6	2.2
Other	82.1	92.1	97.2	5.1
AIDS: Research Activities	198.9	233.4	249.9	16.5
Subtotal, NIH	\$469.9	\$548.8	\$583.1	34.4
SAMHSA	\$0.8	\$0.7	0.7	0.0
AHCPR	\$6.4	\$9.1	8.5	(0.6)

OASH:				
Office of Minority Health	\$20.4	\$20.4	\$20.4	0.0
Minority Male Grant Program (non-add)	(4.9)	(4.9)	(4.9)	0.0
Total, PHS Minority Spending (excluding IHS)	\$679.5	\$766.2	\$789.5	\$32.3
IHS: Health Care Services Delivery	\$2,022.2	\$2,120.6	\$1,976.8	(143.8)
Total, PHS Minority Spending	\$2,701.7	\$2,886.8	\$2,775.3	(\$111.5)

* P.B.: Planning Budget (requested)

● Under the Administration's proposal (planning budget -- P.B.), elements of this program are included in the Consolidated Minority/Disadvantaged Health Professions Initiative.

●● Under the Administration's proposal (planning budget -- P.B.), elements of this program are included in the Consolidated Student Loan Program.

EXHIBIT 14

OMH Staff Participation, Collaboration and Coordination Role on Federal and Non-Federal Committees

FY 93 - FY 94

FEDERAL COMMITTEES

1) PHS Executive Task Force on HIV

This task force is responsible for coordinating HIV-related activities across the Department. Co-chaired by the Assistant Secretary for Health and the National AIDS Policy Coordinator, the committee reviews information dissemination, funding, research and services issues. OMH staff serves as a full member of the committee.

2) PHS Coordinating Committee on Women's Health

The PHS Coordinating Committee on Women's Health provides advice and consultation to the PHS Office on Women's Health and to help foster new initiatives in women's health through research, clinical care, education, and training. The Office on Women's Health is the lead agency for this activity. OMH staff serves as a full member of this committee.

3) Federal Interagency Committee on Worksite Health Promotion

The Federal Interagency Committee on Worksite Health Promotion provides a forum for representatives of Federal worksite health promotion programs to exchange information and ideas, coordinate Federal initiatives to minimize duplication of effort and to stimulate new activity where gaps exist. OMH staff serves as a full member of this committee.

4) Diabetes Technical Advisory Committee Lead Agency

Division of Diabetes Translation (DDT), Center for Chronic Disease Prevention & Health Promotion, and the Centers for Disease Control and Prevention, are lead agencies for this committee. The committee advises the DDT on opportunities to translate the scientific finding related to diabetes treatment and prevention into initiatives, programs and policies. OMH serves as Ex-Officio Member of the committee.

5) PHS Public Health Data Policy Coordinating Committee

The committee is the internal advisory group to PHS on health data policy. OMH staff serves as a full member of this committee.

6) Interagency Committee for the Review of Racial and Ethnic Standards

The committee is the Office of Management and Budget's (OMB) Federal advisory group for the review of OMB Directive No. 15 (federal standards on race and ethnicity categories). OMH staff serves as a full member of this committee.

7) PHS Working Group on Minority Data

This is a subcommittee of the PHS Public Health Data Policy Coordinating Committee--therefore is the internal advisory group to PHS on minority health data policy. OMH staff serves as a full member of this committee.

8) DHHS Environmental Justice Subcommittee

This is a subcommittee of the Interagency Task Force on Environmental Justice to develop a DHHS strategy to address environmental health issues and develop strategies to address environmental health concerns. OMH participated in the development of the public education section of the strategic plan. OMH staff serves as a representative on this committee. OMH serves as a member of this subcommittee.

9) Subcommittee on Health Statistics for Minority and Other Special Populations of the National Committee on Vital and Health Statistics

The committee is an external advisory group to DHHS on minority health data focusing on specific strategies to improve and fully utilize available sources of data. OMH serves as a member of this committee.

10) National Heart, Lung and Blood Institute's (NHLBI) National Asthma Education Program Coordinating Committee

This is an external advisory group to NHLBI focusing on asthma education and prevention. OMH serves as a member of this committee.

11) Healthy People 2000 Steering Committee

This is the internal coordinating committee for Healthy People 2000 activities. OMH staff serves as a full member of this committee.

12) Federal Advisory Panel for ODPHP contract Developing Effective Communication Strategies for High Risk Youth

ODPHP acts as the lead agency for the purpose of program planning, review, advice & oversight. OMH staff holds membership and alternate membership. OMH staff serves as a full member of this committee.

13) Health People 2000 Workgroups on Asian/Pacific Islanders, Blacks, Hispanics, and Native Americans

PHS leads the effort for providing updates on reaching the targets set in Health People 2000. Individual workgroups for determining the progress made toward achieving objectives exist for Black, Hispanics, Native Americans and Asian and Pacific Islanders, among others. OMH staff provides ongoing input into progress reviews.

14) Healthy People 2000 Nutrition Workgroup

PHS is the lead agency for the review of objectives particularly as it relates to minority and elderly populations. OMH staff serves as a representative to this workgroup.

15) PHS Library Advisory Committee

PHS is the sponsor of this committee. OMH participates on the committee for the purpose of providing advice to the library regarding materials which may be useful for research on minority health. OMH staff serves as a representative to this workgroup.

16) PHS Board of Life Sciences Literacy

NIH serves as the lead agency for this board, which exchanges and promotes science and health education information throughout the PHS. OMH staff holds membership at the OASH level on this board.

17) Technical Working Group for Special Populations under the Interagency Task Force on Aging Research

The National Institute on Aging sponsors this task force developing recommendations on priority issues and new research for minority elderly populations. OMH staff serves as a representative to this workgroup.

18) Federal Interagency Task Force on Older Indians

Administration on Aging and Indian Health Service are joint sponsors of this task forces which develops recommendations for improved long-term care of older Indians. OMH staff serves as a representative to this workgroup.

19) Uniform Hospital Discharge Data Committee

Health Care Financing Administration serves as lead agency to provide advice on significant data elements for minority populations. OMH staff serves as a representative to this workgroup.

20) FDA Health Communicators Advisory Panel

FDA serves as sponsoring agency on this panel keeping abreast with current activities and advances relative to telecommunication, tele-conferencing, video conferencing, and interactive media. OMH has two staff representatives on this panel.

21) Clearinghouse Project Officers Group

ODPHP sponsors this group which coordinates clearinghouse and resource center activities within PHS. OMH's Resource center project officer participates in this groups activities.

22) Department Subcommittee for the Continuous Improvement Program

The Office of the Secretary is the lead office implementing the DHHS "Continuing Improvement Program" aimed at promoting changes in Federal activities to better meet the needs of DHHS constituencies. OMH serves as a full member of this committee.

23) PHS Communication and Public Affairs Officers

OASH/OHC are the sponsoring offices coordinating and assuring uniformity of information dissemination within and external to DHHS and PHS. OMH staff serves as a representative to this workgroup.

24) PHS Task Force on D.C. Health Affairs

OASH is the lead agency for this task force which fosters communication, joint collaborations and technical assistance between PHS and the District of Columbia focusing on serious health problems facing the District, including infant mortality, substance abuse, HIV/AIDS and violence. OMH staff serves as a representative to this workgroup.

25) U.S. Interagency Task Force on Child Abuse and Neglect

The National Center on Child Abuse and Neglect (NCCAN), Administration for Children and Families, Administration on Children, Youth and Families, DHHS/NCCAN all sponsor this task force. This group is charged with coordinating Federal Activities related to child abuse and neglect and encouraging other Federal Agencies to initiate such activities. OMH staff serves as a representative to this workgroup.

26) Interagency Committee on School Health (ICSH)

OASH, DHHS, the Office of the Assistant Secretary for Elementary and Secondary Education, and the Department of Education are the lead agencies for this committee. ICSH increases the overall effectiveness of Federal efforts to provide leadership to improve the education and health of school-aged children and youth through the promotion and implementation of school health programs. OMH staff serves as a representative to this workgroup.

27) Hispanic Leadership Group

To review PHS Hispanic health issues management including data, the Surgeon General's Hispanic/Latino Health Initiative, the Office of Minority Health membership's role and function, targets of employment and career development opportunities at PHS, and the implementation of the Hispanic Health Education Executive Order. OMH staff serves as a full member of this workgroup.

28) PHS Task Force on World Health Organization Priorities

To review from a PHS prospective the WHO activities and budget management and to propose strategies for economizing and improving the process. Task force recommendations will be presented to Dr. Boufford who will represent the U.S. at the January 1995 'WHO' conference in Geneva. OMH staff serves as a representative in the planning meetings.

29) National Action Plan on Breast Cancer

This committee is charged with creating a plan which more efficiently coordinates all PHS activities to address the problem of breast cancer. OMH staff serves as a representative to this workgroup.

30) Project PACT-Pulling America's Communities Together

Project PACT is an Administration initiative through which the Federal government will vigorously foster and support the development of broad-based, fully-coordinated local and statewide initiatives that work strategically to reduce crime and violence as a key step toward building healthy communities. The D.C. PACT will focus on the reduction of violence in the Washington, D.C. community. OMH staff has two representatives on this committee.

31) D.C. PACT Economic Subcommittee

The City of Washington, D.C. administration and the U.S. Attorney are responsible for the overall PACT effort. The purpose of this effort is to develop and implement a strategy to deal with violence in D.C. OMH provides directly or through contacts the technical assistance needed to make the project effective. OMH staff serves as a representative to this workgroup.

32) PHS Youth Violence Working Group

OASH/Deputy Assistant Secretary for Interagency Liaison are co-sponsors for this work group. The group provides a forum for coordinating PHS violence initiatives. OMH participates in the development of ways to improve the mutual support of PHS violence programs. OMH staff serves as a representative to this workgroup.

NON-FEDERAL COMMITTEES

33) American Academy of Family Physicians (AAFP)

OMH staff serves as a liaison to the AAFP's Committee on Minority Health Affairs for the purpose of information exchange, updates on OMH and PHS, and comment on Committee activities.

34) Northern California Cancer Consortium

OMH staff participates as a member of the Scientific Advisory Group for advice on the Pathways to Early Cancer Detection in the four Ethnic Groups, a NCI-funded program project grant aimed at increasing the use of breast and cervical cancer screening among underserved Hispanic, Vietnamese, Chinese, and African American women.

Exhibit 15

OMH Supported Grant Programs Which Received Funding in FY 93 and FY 94

<u>Grant Program</u>	<u>Funding Period</u>
1) Minority Male Demonstration Grant Program	FY 1991 - FY 1993
2) Minority Community Health Coalition Demonstration Grants Program	FY 1991 - FY 1993
3) Minority Male Demonstration Grant Program	FY 1992 - FY 1994
4) Minority Community Health Coalition Demonstration Grants Program	FY 1992 - FY 1994
5) Bilingual/Bicultural Service Demonstration Grants Program	FY 1993 only
6) Minority Male Coalition Development Grants Program	FY 1993 only
7) Health Resources and Services Administration's Minority Community Health Coalition HIV/AIDS Education Program (public housing)	FY 1993 - FY 1994
8) Health Resources and Services Administration's Minority Community Health Coalition Implementation of HIV/AIDS Centered Education/Prevention Demonstration Grants Program (rural)	FY 1993 only
9) Health Resources and Services Administration's Minority Community Health Coalition HIV/AIDS Education Program (public housing) (no description included)	FY 1994, FY 1995
10) Health Resources and Services Administration's Minority Community Health Coalition Implementation of HIV/AIDS Centered Education/Prevention Demonstration Grants Program (rural) (no description included)	FY 1994, FY 1995

1. Minority Male Demonstration Grant Program

Funding Period: FY 1991 - FY 1993

ARIZONA

Navajo Nation
Division of Health
P.O. Box 709
Window Rock, AZ 86515
Phone No. (602) 871-6919/(602) 871-6350

CONTACT: Ms. LaVern D. Yazzie, Executive Director
TARGET POPULATION: Native American

The purpose of the proposed Window Rock and the Chinle Driving Under the Influence (DUI) Projects is to provide family counseling, intervention, and confrontation services to third DUI offenders through the coordinated efforts of four Navajo Nation Departments. The proposed demonstration projects will be conducted in two police districts with different methods of approach to providing therapeutic services to DUI offenders. Both projects emphasize family intervention, but the one in Chinle features the employment of a traditional Peacemaker. At the end of the first funding period, the two projects will be analyzed and evaluated to determine which method of intervention treatment best serves as a deterrent to DUI crimes.

CALIFORNIA

Fresno County Economic Opportunities Commission
1920 Mariposa Mall #300
Fresno, CA 93721
Phone No. (209) 263-1010

CONTACT: Mr. Joe Williams, Executive Director
TARGET POPULATION: Asian/Pacific Islanders, Blacks, Hispanics, Native Americans

The applicant proposes to establish and operate a twenty-four bed shelter for runaway, homeless, and other youth in crisis which will serve as a central intake, assessment, and service delivery point for this population. A comprehensive, integrated matrix of youth and family-centered services will be provided in cooperation with public and private youth service providers, the business sector, and other concerned parties. Services will include outreach, crisis intervention, basic essentials (shelter, food, clothing, and health and medical care), counseling, education, career development, employment, legal assistance, recreation, transportation, and information and referral.

CALIFORNIA

Contra Costa County Health Services
Department Prevention Program
75 Santa Barbara Road
Pleasant Hill, CA 94523
Phone No. (415) 646-6511

CONTACT: Larry Cohen, Director
TARGET POPULATION: Blacks, Asian/Pacific Islanders, Hispanics, Native Americans

This existing coalition, PACT for Alternatives to Violence and Abuse, proposes to undertake the PACT Middle Schools project focusing on developing new ways for 12 to 15 year-old minority boys in Richmond's five middle schools to personally deal with violence by learning conflict resolution skills. The approach will be learning coupled with antiaggressive role development. They will become peer trainers and mediators. The project will act as part of a larger community information and training effort to reach adolescents and to encourage adults (parents, providers, and teachers) to press for more comprehensive means of violence prevention.

CONNECTICUT

Hall Neighborhood House, Inc.
52 Green Street
Bridgeport, CT 06608
Phone No. (203) 334-3900

CONTACT: Pearl Dowell, Associate Director
TARGET POPULATION: Blacks, Hispanics

The Bridgeport Minority Male Coalition proposes to provide, on a collaborative and integrated basis, comprehensive employment, education, health and mental health, and support services to minority males age 16 to 24 years old, with the goal of enabling them to sustain worthwhile employment and a positive quality of life. The coalition will develop and implement a Minority Male Service Corps to serve 150 minority males over a three-year period. Priority will be given to young minority men who may now or in the future fall under any of the following criteria: high school drop out, unemployed, juvenile delinquent, teen parent, involved in substance abuse, and a person with significant health problems.

GEORGIA

Wholistic Stress Control Institute, Inc.
3480 Greenbriar Parkway
Suite 230
Atlanta, GA 30331
Phone No. (404) 344-2021

CONTACT: Jennie C. Trotter, Director
TARGET POPULATION: Blacks

The applicant has formed a community coalition with ten organizations that will attempt to provide health and human services to reduce high risk health issues and social problems for Black males 9 to 17 years old. These males are incarcerated at the Youth Development Center in Atlanta, Georgia. The coalition proposes to develop a Saturday Enrichment School that will provide multifaceted activities in five major areas: health education, African American history, vocational career skills, arts, and physical education. Through the use of arts such as drama, music, photography, dance, and video, these Black males will participate in creative project activities that will enhance their knowledge and increase their understanding of positive lifestyle choices and personal competency skills. The coalition proposes to reach over 350 Black males during a 3-year period.

NEW MEXICO

La Nueva Vida, Inc.
P.O. Box 5739
Santa Fe, NM 87502-5739
Phone No. (505) 983-9521

CONTACT: Gary Giron, Executive Director
TARGET POPULATION: Hispanics

This is a multifaceted proposal with the overall goal of reducing the health and social risks which Hispanic males suffer at disproportionate rates, including accidents, homicide, suicide, assault, domestic violence, substance abuse, unintended pregnancy, sexually transmitted diseases, school dropout, and unemployment. The vehicles for intervention are training and cultural participation through workshops which emphasize the rich New Mexico culture. A four level inter-generational network of role models will be created, community talent will be recruited as workshop teachers and professionals in counseling and community development form core management teams. The program will use an adapted form to the "Compadrazgo Model" in which eleven 18-24 year olds will become part of a Leadership Training Team developing their own skills as they run much of the program and provide peer counseling to 33 at-risk 12 to 18 year olds.

NEW YORK

Westside Health Service
480 Genesee Street
Rochester, NY 14611
Phone No. (716) 436-3040

CONTACT: Gerald Giudici, Executive Director
TARGET POPULATION: Blacks

The Southwest Coalition With Youth and the Westside Health Services as lead agency will develop a community health outreach model. The program is for three years of community outreach and health education efforts to reach at-risk minority males 15 to 29 years old in the Southwest Rochester area. It will employ at-risk lads to serve as health outreach workers have an opportunity to become mentors and counselors and influence the lives of others. Health promotion activities will take place at community events, housing projects, soup kitchens and through home visits. Community screening sites will be set up around the community along with a referral and follow-up program. The program will be coordinated by an existing coalition and will attempt to break down traditional barriers to health care.

OHIO

Teen Father Program, Inc.
8555 Hough Avenue
Cleveland, OH 44106
Phone No. (216) 791-1468

CONTACT: Charles Augustus Ballard, Executive Director
TARGET POPULATION: Blacks

Four community organizations will join together with the support of 15 other agencies to intervene with 2,000 high risk Black males, 11 to 45 years old, in Cleveland, Ohio, to increase their prospects for an improved quality of life. The activities will focus on education, health, employment, and criminal justice issues. The services, placed in an Afro-centric model will include intense outreach, nontraditional counseling, fathering education, child-birth education, job seeking skills, case counseling, wellness education, mentoring and role model training, family adoption, rites of passage training, and referral for: education completion, medical treatment, housing employment, transportation, and emergency financial services.

OREGON

Catholic Community Services of Portland
231 SE 12th Avenue
Portland, OR 97214
Phone No. (503) 231-4866

CONTACT: Sara Urdahl, Development Director
TARGET POPULATION: Hispanics

Catholic Community Services of Portland, OR, has submitted an application to address the health education and access needs of Hispanic males through a coalition consisting of 10-12 community organizations and individual health professionals. The program will provide health screening, basic primary care, and health access services to 1,500 minority male farm workers residing in East Multnomah and North Clackamas counties. The coalition will conduct 98 health screening clinics focusing on the health needs of the targeted Hispanic male population. Screening will cover sexually transmitted diseases, dental health, basic health, tuberculosis, and vaccinations. Health education and disease prevention services are provided to 600 clients annually now, and will continue. A goal of this project and coalition is to make all services and materials ethno-culturally sensitive and linguistically appropriate to the Hispanic male population.

SOUTH CAROLINA

Benedict College
Harden and Blanding Streets
Columbia, SC 29204
Phone No. (803) 253-5427

CONTACT: Willease Sanders
TARGET POPULATION: Blacks

Benedict College, an historically Black college, is proposing a project in the crime-infested and drug-riddled community of Columbia, SC, where the college is located. Operation Male Lift will target males 4 to 24 years old, and through a holistic approach utilizing college and community resources will address the academic, psychosocial, human service, health, cultural, and economic issues affecting these individuals. Thirteen agencies, including the local school district, police department, and county health departments as well as eleven departments and units of Benedict College, will participate.

TENNESSEE

Meharry Medical School
School of Dentistry
Box 2A
Nashville, TN 37208
Phone No. (615) 327-6076

CONTACT: Anna Jackson
TARGET POPULATION: Blacks

Meharry Medical College has joined with six neighboring community agencies in proposing this project to enhance existing programs for Black males, 10 to 17 years old, living in the urban Nashville area who endure a disproportionate share of risk factors: crime, violence, substance abuse, and high school attrition. The applicant proposes a program of (1) competency assessment, (2) a competency skill reinforcement procedure known as "teencathalon," (3) four health promotion modules (dental screening and dental health education, physical health education, nutrition education, and drug and alcohol education), (4) and a computer-assisted learning program. Year one will be devoted to data collection, instrument validation, and strengthening of competency areas. The second year will be devoted to the development and implementation of the health promotion modules. The third year will involve the analysis of program effectiveness.

TEXAS

Dallas Urban League, Inc.
2121 Main Street
Suite 410
Dallas, TX 75201
Phone No. (214) 747-4734

CONTACT: Beverly Mitchell, President/CEO
TARGET POPULATION: Asian/Pacific Islanders, Blacks, Hispanics, Native American

The Dallas Urban League, in cooperation with other community-based organizations, proposes to establish an Institute for Minority Males. Minority men of Dallas who are at risk for serious health and social problems will be recruited and enrolled in specially designed classes and activities aimed at changing knowledge, attitudes, and behaviors to improve health and social well-being. Specific objectives include: reduction in alcohol, smoking, and drug abuse; increase in self-esteem; job-readiness skills; and increase in literacy skills. In addition to information transfer on a variety of subjects, the Institute will also provide the opportunity for training and exploration of careers in the health care field.

WASHINGTON

Medina Children's Service
P.O. Box 22638
Seattle, WA 98122-0638
Phone No. (206) 461-4520

CONTACT: Jeri White, Program Director
TARGET POPULATION: Blacks

This is a joint proposal by Medina Children's Services and the Metropolitan Seattle Urban League (MSUL) submitted on behalf of a community coalition involving several other public and community agencies. The proposed Male Support and Involvement Project will enroll 150 Black males, 13 to 21 years of age, who are fathers, expectant fathers, or at high risk of fatherhood in a multi-disciplinary interagency approach to services and a multifaceted approach to parenting education. The program will include academic, health, counseling, and case management services. Appropriate out-of-school and in-school youth will receive instruction and training at the MSUL Learning Center to improve academic skills, graduate from high school, or receive a GED. Youth will also be paired with volunteer mentors and participate in a "Rite of Passage" experience.

WISCONSIN

Red Cliff Band of Lake Superior Chippewas
P.O. Box 529
Bayfield, WI 54814
Phone No. (715) 779-3177

CONTACT: Laurence Guth
TARGET POPULATION: Native Americans

Four agencies of the tribal government of the Red Cliff Band of Lake Superior Chippewas, (Indian Health Service, Education Department, Income Maintenance Program, and 1st American Prevention Center) propose to target 158 men, 16 to 65 years of age. These men will assist in providing a service to their community and be financially rewarded for their efforts. This incentive will be used to attract the targeted men to educational groups on the health status of the community. The members will be trained under the direction of a workshop coordinator to deliver workshops on selected topics in the community.

2. Minority Community Health Coalition Demonstration Grant Program

Funding Period: FY 1991 - FY 1993

ARIZONA

White Mountain Apache Tribe Health Authority
P.O. Box 1210
Elm Street and Terrace
Whiteriver, AZ 85941
Phone No. (602) 338-1116

CONTACT: Guy Smalley
TARGET POPULATION: Native Americans

This project involves establishment of an interagency coordinating committee to address the problem of diabetes among member of the White Mountain Apache Tribe in Arizona. Interventions are focusing on community awareness, primary prevention of diabetes and avoidance of complications of the disease. A wellness center and inter-generational health and nutrition education program are being implemented by the coalition.

CALIFORNIA

National Task Force on AIDS Prevention
631 O'Farrell Street
San Francisco, CA 94109
Phone No. (415) 749-6700

TITLE: The Gay Men of Color Consortium
CONTACT: Jesse Johnson
TARGET POPULATION: African American, Asian/Pacific Islanders, Hispanics, Native Americans

The Gay Men of Color Consortium is implementing a previously field tested project on AIDS education/risk reduction. Four community-based education models are being conducted in the San Francisco Bay Area and are reaching at-risk minority males who have sex with other men. One component also is reaching at-risk Latinas.

DISTRICT OF COLUMBIA

Koba Institute, Inc.
1156 15th Street, N.W., Suite 200
Washington, D.C. 20005
Phone No. (202) 328-5700

TITLE: ACCORD
CONTACT: Dana Olds
TARGET POPULATION: African Americans

ACCORD-Arthur Capper/Carrollburg Organization to Reduce Disease -- is implementing a community coalition to increase public awareness of health issues and reduce high-risk behaviors among residents of an urban public housing neighborhood. Approaches to reducing the rates of tobacco use include house health parties, creative arts presentations, community meetings and advocacy for policy change. Hard-to-reach and vulnerable populations, such as youth, pregnant women and the elderly are being targeted.

HAWAII

Waianae District Comprehensive Health Center
86-260 Farrington Highway
Waianae, HI 96792-3199
Phone No. (808) 696-7081

TITLE: The Waianae Community Director Diabetes Project
CONTACT: Lolani Jameson
TARGET POPULATION: Native Hawaiians, Asian/Pacific Islanders

The Waianae Community Director Diabetes Project is targeting Native Hawaiians and Asian/Pacific Islanders for community-based intervention on diabetes, a serious health problem among the target group. A community directed network of health professionals and lay groups is employing culturally sensitive strategies such as use of paraprofessionals and traditional healers and systems, case management, and the team approach to care.

ILLINOIS

Chicago Department of Health
Room 215 North
50 West Washington Street
Chicago, IL 60602
Phone No. (312) 744-4367

TITLE: Chicago Hispanic Community Health Coalition
CONTACT: Esther Sciammarella
TARGET POPULATION: Hispanics

The Chicago Hispanic Community Health Coalition's goal is to promote health behavior and to reduce risk of disease among the Hispanic population and twenty-four community areas of Chicago. Interventions to impact on cardiovascular disease, diabetes, breast and colon cancer, and homicides are being conducted utilizing approaches such as advocacy/outreach, workshops, a media campaign, smoking cessation groups, hypertension and cholesterol screening, mammogram and colorectal examination referral.

MASSACHUSETTS

Women of Color Project for Health
3134 Washington Street
Roxbury, MA 02119
Phone No. (617) 522-7434

TITLE: Women of Color Coalition for Health
CONTACT: Dorretta Dorrington
Mercedes Tompkins
TARGET POPULATION: African Americans, Latinas, Caribbean, Haitians, Vietnamese, Chinese, Cambodians, Cape Verdean, and Native Americans

The Women of Color Coalition for Health is offering women and their families community-based health education in the native language of nine ethnic minority communities in Boston, MA. Topic areas include: women's health and self-esteem; reproductive health, sexuality and sexually transmitted diseases, violence prevention and safety; substance abuse, AIDS; parenting; and environmental health. Outreach is being conducted in locations including housing projects and hairdressers, laundromats, and community health center.

Family Health and Social Service Center
26 Queen Street
Worcester, MA 01610
Phone No. (508) 799-8300

TITLE: Southeast Asian Health Coalition
CONTACT: Vanna Lee
TARGET POPULATION: Southeast Asians

The Southeast Asian Health Coalition Demonstration Program provides health promotion and disease prevention services to members of the Southeast Asian community in Worcester, MA. Preventive health behaviors are being promoted in community settings via the use of informal men's, women's, and youth groups. Services are being provided through the public schools' bilingual program, and at a community health center, and other community locations, such as neighborhood centers, housing projects, and Vietnamese owned-businesses.

MICHIGAN

Greater Kalamazoo United Way
709-B South Westnedge Avenue
Kalamazoo, MI 49007
Phone No. (616) 343-2524

TITLE: Prenatal Services Support Team Project
CONTACT: Amos Williams (Office # 616-383-3355)
TARGET POPULATION: African Americans

The Prenatal Services Support Team Project seeks to improve the health of minority mothers and children by creating an integrated family support facility and provide pregnant women and young mothers access to several health services in a home-like environment that includes child care, laundry, and food. The Family Institute, a coalition of community organizations, is offering an integrated approach to services including referral, transportation, and health education on topics such as sexually transmitted diseases, prenatal care, and chemical dependency.

MISSOURI

Black Health Care Coalition
1803 East 39th Street, Suite 2
Kansas City, MO 64109
Phone No. (913) 342-4211 or (816) 924-1912

TITLE: The Satellite Church Based Prevention Center Project
CONTACT: Jasper Fullard, M.D.
TARGET POPULATION: African Americans

The Satellite Church Based Prevention Center Project of the Black Health Care Coalition of Kansas City, MO has established five preventive health centers in churches serving the African American Community. This is geared to increasing access to health education/health promotion activities, early and periodic screening, and referral to follow-up care in health problem areas including cardiovascular disease, hypertension, cancer, diabetes, HIV nutrition, exercise, and stress management.

OHIO

MetroHealth System
MetroHealth Clement Center
2500 East 79th Street
Cleveland, OH 44104
Phone No. (216) 391-3200 ext. 347 or (216) 431-5200

TITLE: The KAP Coalition
CONTACT: Diane Elliott
Thelma Shepherd
TARGET POPULATION: African Americans

The KAP (Knowledge, Attitude, and Practice) Coalition working in two target neighborhoods, in Cleveland, OH, is conducting cardiovascular risk factor identification education, monitoring, and follow-up. A culturally specific prevention/education and health promotion component, and an environmental modification intervention are being implemented for African Americans. Also, a module on sexually transmitted diseases, continuing education, and training on cultural sensitivity for health professionals has been developed. Project evaluation will include a cost effectiveness analysis for potential applicability for future funding.

OREGON

La Clinica Del Carino
2690 May Street
P.O. Box 800
Hood River, OR 97031
Phone No. (503) 386-4880

TITLE: La Familia Sana
CONTACT: Joel Wiggins
TARGET POPULATION: Hispanic Farmworker Families

La Familia Sana is designed to promote pediatric and adult health and reduce disease risk factors among Oregon's Hispanic migrant and seasonal farm worker population. Areas of emphasis are chemical dependency, adult chronic disease, depression and psycho-social stress, occupational health and lack of access to health care, including preventing services and education. Current prevention services are being expanded, innovative health services and education in the field are delivered by community health promoters recruited from the target group.

TENNESSEE

Binghampton's Project Vision, Inc.
557 Lester Street
Memphis, TN 38112
Phone No. (901) 323-1244 or 323-2626

TITLE: The Memphis Tennessee High Five Coalition
CONTACT: Rosalind Cottrell
TARGET POPULATION: African Americans

The Memphis Tennessee High Five Coalition is implementing an action-oriented conflict resolution training program targeted for black males age 12-15 in two low income Memphis neighborhoods. The project's goals include reducing violence which leads to homicide and injuries, and increasing teens' capabilities to effectively deal with environmental and behavioral influence that encourage violent resolution to conflict. Youth are recruited through existing sports programs in the community.

TEXAS

City of Laredo Health Department
2600 Cedar Avenue
P.O. Box 2337 (Zip 78044-2337)
Laredo, TX 78044
Phone No. (512) 723-2051

Contact: Jose Antu
TARGET POPULATION: Hispanics

The City of Laredo, working through a coalition of health and social service organizations, regional medical center, community action agency, catholic social services, adolescent parenting task force, and regional food bank, is conducting a number of community interventions to improve the health of hispanic residents across the age spectrum. Information dissemination, educational activities, referrals and networking activities are being undertaken and focus on the identified health problems of violent and abusive behavior, alcohol and drugs, heart disease and stroke, diabetes and chronic diseases, and teen pregnancy.

WISCONSIN

Black Health Coalition of Wisconsin, Inc.
P.O. Box 10182 (Zip 53216)
3118 North Teutonia Avenue
Milwaukee, WI 53206
Phone No. (414) 374-1880

TITLE:	Project Health
CONTACT:	Patricia McManus
TARGET POPULATION:	African Americans

Project Health is designed to improve the overall health status of African Americans who reside in the Inner City North of Milwaukee. The primary strategies being employed are to enhance the advocacy capability of the Black Health Coalition to effect system change and to provide prevention/education programs, information dissemination and community organization efforts on topics such as chemical dependency, violent and abusive behaviors, cancer, cardiovascular diseases and strokes, alcohol and drugs, and health care access.

3. Minority Male Demonstration Grant Program

Funding Period: FY 1992 - FY 1994

ILLINOIS

Tri-County (Peoria) Urban League, Inc.
317 South McArthur Highway
Peoria, IL 61605-3875
Phone No. (309) 673-7474

CONTACT: Laraine E. Bryson
TARGET POPULATION: Blacks, Hispanics, Asian/Pacific Islanders

The Tri-County Urban League, Inc. proposes to establish a coalition entitled "The Minority Male Empowerment Network" to provide a collaborative and integrated program for 75 to 150 African-American, Asian, and Hispanic males over 13 years of age. It will focus on increasing knowledge and modifying attitudes and behaviors of the target population. The coalition intends to use four components to carry out its objectives: employment, health education and referral, education, and human services. Six community organizations will join to form this coalition, with the Urban League serving as the lead agency. The other agencies are: The Methodist Hospital, the Red Cross, the Peoria City/County Health Department, the Phoenix Business Group, and the Department of Housing and Family Services.

The coalition will (1) develop a needs assessment of the affected group, (2) direct services and treatment programs to assist this population, (3) continue aftercare to ensure completion of service delivery, and (4) provide for follow-up to determine the effectiveness of treatment and requirements for additional services.

The health education component will focus on improving services to high-risk minority males and on increasing the preventive factors through health education, information dissemination, and workshops. The employment component will provide job readiness training, education, referral, and placement assistance for minority males. The education component will be undertaken at the Comprehensive Competency Learning Center (CCLC). This center will provide an academic curriculum including elementary reading and arithmetic through high school math, science, language, and social studies. The human services component will stress the development of self-sufficiency and life skills through a youth program called the Man-to-Man Youth Group.

DISTRICT OF COLUMBIA

Center for Youth Services
921 Pennsylvania Avenue, S.E.
Washington, D.C. 20003
Phone No. (202) 543-5707

CONTACT: Dayna Nokes
TARGET POPULATION: African-Americans

The Minority Male Health Promotion and Life Skills Coalition (MMHPLSC) is a group of five non-profit agencies that are part of a larger consortium which proposes to provide life skills, health education, academic education, medical services, aerospace mentoring, counseling, shelter, and employment and substance-abuse education services to 350, 14- to 21-year old, African-American males. These males are residents of shelters (Dupont I-III) and public housing in Wards 5, 6, 7, and 8.

The project will address HIV infection/sexually transmitted diseases; homicide, suicide, and unintentional injuries; mental health problems; unemployment, family dysfunction, homelessness,

under-education, and criminal background. Services in the community will be provided through a series of ongoing workshops that cover preventive health care, safer sex, substance abuse education, employability skills, and life skills. During the workshops, an assessment survey will be administered to identify additional needs of participants. Once the needs have been identified, the participants will be referred to the appropriate coalition service. All 350 participants will receive an annual medical examination, follow-up services and all the services listed above. Case management services will be provided by the agency that receives the referral. All activities and workshops will be developed from an Afro-centric perspective and will heavily involve parents' participation. The coalition has an ongoing relationship working with juvenile offenders.

OKLAHOMA

Oklahoma State University (OSU)
School of Hotel and Restaurant Administration
210 Human Environmental Sciences West
Stillwater, OK 74078-0337
Phone No. (405) 744-6713

CONTACT: Ray R. Kavanaugh
TARGET POPULATION: Native Americans

This project by the Oklahoma State University College of Human Environmental Sciences (School of Hotel and Restaurant Management) addresses improving employability skills of males who are at risk in the five tribes in the Pawnee Bureau of Indian Affairs (BIA) service area. The project will be affected through a health and human services coalition which is sensitive to Native American cultural and social issues. In addition to a unique culture-sensitive service, the project will address interpersonal issues in the home and work place and health-related problems (including alcoholism, diabetes, heart disease, accident mortality, and homicide) to enhance overall quality of life within the target population. The Native American community will be involved in development, delivery, and evaluation of the project, which will build partnerships with business, labor, and education. Utilization of this coalition will allow continuation of the project beyond the initial grant period and service as a model for others to adapt this education/community-based approach for similar minority health, quality of life, and long-term employment programs.

WASHINGTON

Washington State Migrant Council
301 N. 1st Street, Suite 1
Sunnyside, WA 98944
Phone No. (509) 839-9762/(509) 837-8909

CONTACT: Samuel T. Martinez
TARGET POPULATION: Hispanics

The Washington State Migrant Council (WSMC) proposes to address public health, social, and other related human service problems through the "Hispanic Male Health Project." The project will address factors contributing to premature death and poor quality of life in Hispanic males who are at risk.

The project aims to reduce HIV infections, STDs, and other health risks through education, health promotion, and protective services for the 51,500 residents and 50,000 Hispanic migrant workers in the central Washington region. The social and health problems of migrants are a particular focus of the project because migrants are highly neglected, have the lowest income in the area, often are denied social and health care benefits, and live in substandard housing. Risks of alcoholism, violence, and teen pregnancies are very high. There is an 86 percent high school dropout rate, and the illiteracy rates in Spanish and English are high also.

The project has four specific objectives: (1) providing health education through community outreach, coalition building, and training; (2) establishing a bilingual cultural center for networking and to act as an information repository; (3) training professionals in cultural sensitivity and needs; and (4) providing liaison services that link the target population with centers.

Health information will be presented and disseminated in both English and Spanish through walk-ins and telephone contacts, mailings, radio, television, and referrals. Hispanic migrant workers will be contacted through day-care centers, labor camps, cultural events, and fairs. The coalition plans a community-wide public awareness campaign to broadcast radio and television messages, publish brochures and fliers, and produce materials for the print media.

A directory of resources including health and social service organizations will be compiled in English and translated into Spanish for publication in both languages.

4. Minority Community Health Coalition Demonstration Grant Program

Funding Period: FY 1992 - FY 1994

CALIFORNIA

Asian Pacific Health Care Venture, Inc.
300 West Sunset Boulevard
Los Angeles, CA 90012
Phone No. (231) 346-0370

CONTACT: Kazue Shibata
TARGET POPULATION: Asian/Pacific Islanders

The Asian Pacific Health Care Venture, Inc. project seeks to increase access to Hepatitis B prevention services for Asian Pacific communities in Los Angeles County, California. The project targets four Asian Pacific populations: Cambodian, Chinese, Korean, and Thai.

The project addresses two major barriers preventing members of these four target groups from Hepatitis B prevention programs: lack of a health care delivery system to ensure continuity of Hepatitis prevention services, and the lack of awareness among health care providers and members of the target population.

Plans to address these barriers is based on a strategic approach with two main components; encouraging the formation of coalitions among Asian Pacific health and human service providers for the purpose of sharing resources and experiences; and encouraging collaboration between community-based clinics and mainstream health agencies and associations to promote the development of bilingual and bicultural services for Asian Pacific groups at all levels of the health delivery system.

5. Bilingual/Bicultural Service Demonstration Grants

Funding Period: FY 1993

ARIZONA

Concilio Latino de Salud, Inc.
P.O. Box 1032
Phoenix, AZ 85021
Phone No. (602) 506-6787

TITLE:	Optimal Ways to Deliver and Obtain Medical Services
PROJECT DIRECTOR:	Dr. Elizabeth O. de Valdez
TARGET POPULATION:	Asians, Hispanics
LANGUAGE:	Asian, Spanish

Concilio Latino de Salud, Inc. proposes to establish a partnership among four agencies providing health care and educational services to Hispanics and Asians. The program would address the training needs of professionals, paraprofessionals, and the lay public in the target communities. The goal of the project is to increase the capacity of all three groups to communicate more effectively across the existing linguistic and professional barriers.

The project would allow for the selection of 40 professionals who would receive instruction in Spanish medical terminology and culturally-related training. In addition, 18 to 20 Hispanic and Asian instructors would be trained to teach English medical terminology to 150 monolingual and limited-English-proficiency individuals. The program also would provide for the development of the curriculum on audio tape and distribution to another 100 members of the target communities.

CALIFORNIA

Asian Americans for Community Involvement
of Santa Clara County, Inc.
232 E. Gish Road, 2nd Floor
San Jose, CA 95112
Phone No. (408) 452-5151

TITLE:	Asian Seniors Health Project
PROJECT DIRECTOR:	Ms. Cherry Wu
TARGET POPULATION:	Asians
LANGUAGE:	Chinese (Mandarin, Vietnamese, Cambodian, Mon-Khmer, Laotian)

Asian Americans for Community Involvement (AACI) proposes a culturally tailored program to reduce the incidence of serious illness among low-income Asian elderly (60 and older) and to encourage and enable seniors to become active in managing their own health. The target population is limited-English-speaking Chinese, Cambodian, Vietnamese, and Laotian elderly in Santa Clara County, which has experienced a growth in Asian population from 4,8000 to 22,700 (1980-1990), primarily due to immigration. The program focuses on bilingual and bicultural health education services, including regular health screenings; classes on understanding Western medical practices and on coping with disease, nutrition and exercise, and outreach. Program objectives are to serve 1,000 low-income Asian elderly clients within 1 year and to provide bi-weekly health lectures and screenings, quarterly health classes, support/education groups for care givers and the infirm, and case management services.

Cambodian Association of America
2501 Atlantic Avenue
Long Beach, CA 90806
Phone No. (310) 988-1863

TITLE: SAFE/HARBOR
PROJECT DIRECTOR: Mr. Him Chhim
TARGET POPULATION: Asians
LANGUAGE: Cambodian (Khmer)

The Cambodian Association of American (CAA) in Long Beach -- together with the Harbor Regional Center of Los Angeles, which contracts with the State of California -- proposes a SAFE/HARBOR project that would initially hire and train one full-time bilingual/bicultural Cambodian case manager and one part-time Cambodian health education. The case manager would provide culturally and linguistically appropriate medical case management, primarily for Cambodian families at the Harbor Regional Center, and the health educator would make presentations to families and service providers.

CONNECTICUT

Hispanic Health Council, Inc.
96 Cedar Street
Hartford, CT 06106
Phone No. (203) 527-0856

TITLE: Project Orgullo Latino
PROJECT DIRECTOR: Dr. Merrill C. Singer
TARGET POPULATION: Hispanics
LANGUAGE: Spanish

The goals of the project are to lower AIDS risk and barriers to AIDS service delivery among gay and bisexual Latino men within the applicant's service area.

The project will have the following components: (1) community outreach to targeted Latino men for "street education" and recruitment as project participants; (2) formation of four HIV/STD/TB prevention education groups composed of individuals from the following subgroups: (a) bisexual men, (b) gay men, (c) transvestites, and (d) a mixed group for men who are uncertain of their sexual identities; (3) assessment of the social service and other needs of participants; (4) short-term case management; (5) advocated referrals for HIV/STD/TB health testing and services; (6) in-service delivery; and (7) formation of ongoing prevention clubs among Latino co-sexual men. The applicant's goal is to increase AIDS knowledge levels and lower risk behavior by 25 percent among program participants.

DISTRICT OF COLUMBIA

Mary's Center for Maternal & Child Care, Inc.
1844 Columbia Road, N.W.
Washington, D.C. 20009
Phone No. (202) 483-8196

TITLE: PROYECTO BIENESTAR
PROJECT DIRECTOR: Ms. Maria S. Gomez
TARGET POPULATION: Hispanics
LANGUAGE: Spanish

Mary's Center for Maternal and Child Care, Inc., proposes an intervention project to increase access and reduce barriers to health care among limited-English-speaking Hispanic families in Washington, D.C. Goals of the project are to increase bilingual/bicultural direct health care and promotion services and to provide health care professionals with cultural and language training.

Specific project objectives are to affect the following increases: new family planning and pediatric participants (by 40 percent); at-risk children who receive a development evaluation (by 100 percent); parental knowledge and skills in infant language development and stimulation techniques in at least 70 of 80 trained parents (by 80 percent); and the knowledge and clinical judgement of delivering culturally sensitive services to the target community in 40 to 50 "Proyecto Informar" workshop participants (by 50 percent).

HAWAII

Kalihi-Palama Health Center
766 N. King Street
Honolulu, HI 96817
Phone No. (808) 845-8578

TITLE: Kalihi-Palama Health Center Bilingual/Bicultural Outreach and Education Project
PROJECT DIRECTOR: Ms. Elizabeth Giesting
TARGET POPULATION: Asians, American Samoans, Native Hawaiians, Pacific Islands
LANGUAGE: Ilocano, Tagalog, Visayan, Vietnamese, Samoan

The Kalihi-Palama Health Center will increase the number of health care providers who are attuned to the language and cultural barriers of these groups and to offer more appropriate care.

The center proposes to develop training modules for current and prospective health care providers that would contain information about traditional therapies, health needs of various ethnic groups, the appropriate demeanor of the practitioner with regard to the ethnic culture of the patient, and working effectively with interpreters. The center would also recruit one Filipino and one Vietnamese health care trainee to work with a Samoan community health worker already on staff. They would be trained to educate their respective cultural communities about Western medicine and medical delivery systems, sources of affordable health care, and when primary and preventive care should be sought. The project aims to raise the percentage of target group children receiving timely immunizations from 30 percent to 60 percent.

MISSISSIPPI

Mississippi Band of Choctaw Indians
Choctaw Health Department
P.O. Box 6010 - Choctaw Branch
Philadelphia, PA 39350
Phone No. (601) 656-2211

TITLE: Choctaw Health Risk Reduction Education Project
PROJECT DIRECTOR: Ms. Wanda Kittrell
TARGET POPULATION: American Indians
LANGUAGE: Choctaw

The Mississippi Band of Choctaw Indians (MBCI) proposes a culturally tailored program to establish a sustainable approach for delivering HIV/AIDS and related risk reduction education in the eight reservation communities. The target population is the 6,000 members of the Choctaw tribe, which

is experiencing a high rate of acute health problems and has no program for public awareness and prevention education.

The program would employ age- and gender-specific community training/focus groups and school classes for all students in grades 7 to 12 for risk-reduction prevention education and as sources for obtaining evaluative data on the program's effectiveness. Evaluation findings would also inform development of a tribal plan for continuation and expansion of AIDS prevention activities for the general tribal population, as well as for specific groups practicing high-risk behaviors affecting their health.

NEW JERSEY

Puerto Rican Organization for Community
Education and Economic Development, Inc.
815 Elizabeth Avenue
Elizabeth, NJ 07201
Phone No. (908) 351-7727

TITLE:	Among Us/Entre Nosotras
PROJECT DIRECTOR:	Ms. Zaida O. Castillo
TARGET POPULATION:	Hispanics
LANGUAGE:	Spanish

The principal goal of the project is to reduce the risk of HIV infection among Latino women by increasing knowledge about HIV transmission among Latino women through a series of educational sessions. Topics include self-esteem, sexuality, drug use, nutrition, children and HIV, and empowerment through community involvement. A second goal of the project is to promote group and peer support for the initiation and maintenance of behaviors that would reduce the risk of HIV infection among the target population by providing referrals for HIV related services to the target population and by promoting the development of an informal women's network.

The project would make extensive use of Safety Net Parties -- information social gatherings at which AIDS prevention, risk reduction and sexuality, and the correct use of condoms would be discussed. Two support groups also would be organized to address the isolation and stigmatization experienced by drug abusers within the target population. In addition, individuals health counseling sessions would be provided for women who need to discuss health-related issues, but who are not ready to participate in a group.

OKLAHOMA

Cherokee Nation
P.O. Box 948
Tahlequah, OK 74465
Phone No. (918) 458-5785

TITLE:	Teenage Pregnancy Prevention and Health Education
PROJECT DIRECTOR:	Ms. Verna Thompson
TARGET POPULATION:	American Indians
LANGUAGE:	Cherokee

The Cherokee Nation proposes to develop a culturally relevant child sexual abuse curriculum for day care centers and provide culturally relevant training for parents and service staff. The project is designed to integrate new native-language-awareness classroom activities, which are mandated by the State, with the need to communicate more effectively with parents, child care providers, and children about child sexual abuse. Project objectives are to develop and implement a child sexual

abuse education program for more than 100 service staff, train 1,000 parents of Head Start and area public school students in areas of child development and sexual abuse prevention, and adapt a culturally relevant sexual abuse prevention curriculum for preschool children.

TEXAS

Dallas Multicultural Alliance
4301 Bryan Street
Suite 206
Dallas, TX 75204
Phone No. (214) 828-9891

TITLE:	Bilingual Dental Access Coalition
PROJECT DIRECTOR:	Sunny Letot
TARGET POPULATION:	Asians, Hispanics
LANGUAGE:	Vietnamese, Laotian, Cambodian, Spanish

The Dallas Multicultural Alliance (DMA) proposes a project for community outreach and improved access to dental services. The target population is low-income, limited-English-speaking Cambodian, Lao, Vietnamese, and Hispanic children and their families in two Dallas, TX, inner-city neighborhoods -- East Dallas and Oak Lawn. Goals of the program are (1) to increase the target population's knowledge of preventive dental care and the availability of services, and (2) to assist in accessing dental care funded under the EPSDT Program.

Project objectives include (1) training 40 bilingual volunteer interpreters to serve as ombudsmen in accessing dental care services, (2) conducting three bilingual community dental fairs to inform a minimum of 1,500 members of the target population about dental health and procedures for enrolling in the EPSDT Program, (3) ensuring provision of culturally competent dental care to 160 client households through dental screening examinations and follow-up by the ombudsmen, and (4) increasing organizations among local health agencies, community-based organizations, and EPSDT dental providers so as to reduce linguistic barriers to dental care.

WASHINGTON

Asian Counseling and Referral Service
1032 S. Jackson Street
Suite 200
Seattle, WA 98104
Phone No. (206) 720-5300

TITLE:	Southeast Asian Cross-Cultural Training Project
PROJECT DIRECTOR:	Ms. Elisa Del Rosario
TARGET POPULATION:	Asians, Pacific Islanders
LANGUAGE:	Vietnamese, Cambodian, Laotian, Mien

Asian Counseling and Referral Service (ACRS) proposes a two-fold effort to address barriers to health care access for limited-English-speaking Asians and Pacific Islanders in its service delivery area. The project would include cross-cultural competency training and curriculum development related to mental health issues for Southeast Asians.

The cross-cultural competency training component would include activities designed to further the following objectives: (1) to work with mental health providers to identify their needs in serving limited-English-speaking Southeast Asians; (2) to develop training curricula appropriate for the varying perspectives of mental health providers who service Southeast Asians; (3) to work with Southeast Asian community leaders and groups to clarify needs and issues relevant to appropriate training materials; (4) to research existing training models and programs to identify resources and

gaps; and (5) to develop a mechanism for collecting and sharing to extensive knowledge base and experience of ACRS staff as it relates to cross-cultural service delivery.

The project will sponsor 8 to 10 cross-cultural competency training to mainstream primary health care and mental health providers.

WISCONSIN

Wausau Area Hmong Mutual Association, Inc.
514-B Fulton Street
Wausau, WI 54403
Phone No. (715) 842-8390

TITLE:	Health Assistance Mentoring Project
PROJECT DIRECTOR:	Mr. Yi Vang
TARGET POPULATION:	Asians
LANGUAGE:	Hmong, Laotian

Wausau Area Hmong Mutual Association (WAHMA), Inc., proposes a project to reduce barriers to health care for more than 4,000 Southeast Asian refugees residing in the target area of Wausau who face severe economic, cultural, and language barriers in its transition from Thai resettlement camps, and has a high incidence of health problems.

Project goals are: (1) to increase the number of area health care providers trained in basic cross-cultural health care delivery, particularly to Hmong and Lao patients; (2) to demonstrate that creating provider-peer mentor relationships would result in more appropriate medical care; (3) to increase the number of qualified medical interpreters and translators; and (4) to increase the volume of interpretation and translation services to area refugees while testing a strategy to stem the growing demand for these services.

Specific objectives are to train 30 area physicians and 40 nurses or nurse practitioners in culturally specific health care delivery approaches, develop health assistance networks for mentoring 24 high risk-families, train 15 bilingual volunteers as health care interpreters, and provide 720 hours of enhanced interpretation services among health care providers and selected refugees to demonstrate the effectiveness of these services on health care.

6. Minority Male Coalition Development Grants

Funding Period: FY 1993

CALIFORNIA

Korean Health Education, Information, and Referral Center
981 S. Western Avenue
Suite 404
Los Angeles, CA 90006
Phone No. (213) 732-5648

TITLE: Korean Community Health and Human Service Coalition
PROJECT DIRECTOR: Ms. Laura Jeon
TARGET POPULATION: Asians (Korean Americans)

The proposed project will create Korean Community health and Human Service Coalition (KCHHSC). The KCHHSC will formalize a partnership between five existing community-based agencies addressing various areas of health and human services. the proposed project will target Korean American immigrant males, including youth and their families. The Korean immigrant males face formidable economic hardships as well as cultural and social adjustment obstacles. Thus, the Korean immigrant community has witnessed a tremendous rise in physical and psycho-somatic illnesses, family dysfunction, as well as high risk lifestyles of alcohol and drug abuse. In addition, the recent Los Angeles riots have exacerbated existing needs and created formidable new service needs.

GEORGIA

Middle Georgia Council on Drugs
538 First Street
Lower Level
Macon, GA 31201
Phone No. (912) 743-4611

TITLE: Middle Georgia Partnership Coalition, Minority Male Project
PROJECT DIRECTOR: Mr. Thomas E. Hudson
TARGET POPULATION: African Americans

The Middle Georgia Partnership Coalition, Minority Male Project, will utilize local organizations and businesses by bringing members together to develop culturally sensitive programs and projects for the minority males of the community. The coalition will address the problems and needs surrounding the minority males in Macon-Bibb County and will develop resources to help meet those needs. Included in the efforts of the coalition will be alcohol/drug, STD's/HIV/AIDS education and prevention. It will seek to improve the self-esteem of these individuals and provide them with role models and educational opportunities they may not otherwise be aware of. The intent is to decrease the number of minority males who are incarcerated due to the use, sell, or abuse of drugs and alcohol; provide information and opportunities that will make the minority male more responsible as it relates to sexual activities and fatherhood; and provide opportunities to develop skills for success in school and the work place.

KENTUCKY

Louisville Urban League
1535 West Broadway
Louisville, KY 40203
Phone No. (502) 585-4622

TITLE: Men at Work: Breaking the Barriers to Economic Self-Sufficiency for African American Males Through Coalition Development
PROJECT DIRECTOR: Mr. Benjamin K. Richmond
TARGET POPULATION: African-Americans

The Louisville Urban League (LUL), a community-based, non-profit, human service organization, proposes to plan and develop a coalition of health/social service/ grass roots agencies in Jefferson County, Kentucky, that will address those needs of the African American, high-risk male population between the ages of 16 and 25 that reside in Louisville's urban center. In an effort to develop a formal coalition of community organizations which will address health and human services important to the target population, this LUL project proposes to use those currently existing organizations that are deemed functional and appropriate to the targeted group; create new entities to fill the gaps in services and support for the targeted group; and organize high-risk African American males.

MASSACHUSETTS

Gandara Mental Health Center
2155 Main Street
Springfield, MA 01104
Phone No. (413) 736-0395

TITLE: Developing a Community Coalition to Address Health and Human Services Problems of Minority Males in Springfield, Massachusetts
PROJECT DIRECTOR: Mr. Henry East-Trou
TARGET POPULATION: African Americans, Hispanics (Puerto Ricans)

Recognizing the collaborative efforts among service providers, community groups and institutions will be essential to meet the pervasive mental health and social problems facing African American and Latino (Puerto Rican) males in Springfield, MA, the Gandara Mental Health Center, S.A.U., and Dunbar Community Center propose to convene a community coalition. The mission of the coalition will be to identify and address salient mental health and human services problems plaguing Springfield's Latino and African American males

The proposed coalition will be Springfield's first formal collaboration between service providers and other institutions with the expressed mission of empowering African American and Latino males. In addition to forging unprecedented links between the African American and Latino communities, the coalition will empower individuals, train potential community leaders, and strengthen bonds between service providers and the communities they service.

MICHIGAN

Mount Clemens Community Schools
167 Cass Avenue
Mount Clemens, MI 48043
Phone No. (313) 469-7819

TITLE: Minority Male Youth Life Empowerment Project
PROJECT DIRECTOR: Mr. Randy Alexander
TARGET POPULATION: African Americans

The Mount Clemens Youth Action Project is designed to provide a link between the many county level human service agencies, the Mount Clemens Community School District, and several grass-roots community organizations to ensure improved communications and delivery of services to the minority male youth of Mount Clemens. This coalition would provide an important communication link between a wide variety of organizations that service the minority male youth of Mount Clemens.

Through this interaction with community groups, school and county agencies, and the youth themselves, it will be possible to better design programs and service delivery systems that best meet the needs of the children. The Youth Action Project will focus on a wide range of health, education, and social-related issues that face the minority male population of Mount Clemens.

NEW YORK

Peekskill Area Health Center
1037 Main Street
Peekskill, NY 10566
Phone No. (914) 739-8105

TITLE: Minority Male Youth Life Empowerment Project
PROJECT DIRECTOR: Ms. Anne Kauffman Nolan
TARGET POPULATION: African Americans, Hispanics (Puerto Ricans, Mexicans, Colombians, Ecuadorians)

The Peekskill Area Health Center, Inc. (PAHC) proposes to develop, in collaboration with the Peekskill Youth Services Network, a coordinated, community-wide strategy that effectively responds to the ever growing threat to the basic health and social well-being of the African American and Latino male populations, ages 10-25. Young men, in particular, by virtue of age and circumstances, are at particular risk because of their potential involvement in health compromising behaviors including early, unprotected sexual initiation and experimentation with alcohol and drugs. By reaching out to the formal and information health, social, educational, fraternal, recreational and church associations and organizations that have strong ties to minority populations and by linking them to the Peekskill Youth Services Network, the project will be creating a more balanced forum through which the health and social needs of youth minority males will be addressed and community solutions developed.

NORTH CAROLINA

Migrant Benevolent Association, Inc.
P.O. Box 237
Newton Grove, NC 28366
Phone No. (919) 592-8511

TITLE: Minority Male Outreach
PROJECT DIRECTOR: Mr. Jay Zimmerman
TARGET POPULATION: African Americans, Hispanics

The proposed outreach program includes locating migrant labor camps; providing medical referral, case management and educational services; and providing access to a recreation program as an alternative to substance abuse. The outreach program also prompts local community involvement in addressing problems experienced by farm workers through the development of a community coalition composed of farmers, crew leaders, farm workers, and health care providers. The outreach program encourages regional integration of community resources, service provision activities, community education, and volunteer recruitment and placement.

TEXAS

Austin Latino/a Lesbian and Gay Organization (ALLGO)
1643 E. 2nd Street
Austin, TX 78702
Phone No. (512) 447-1809

TITLE: East Austin AIDS Coalition
PROJECT DIRECTOR: Mr. Saul Gonzalez
TARGET POPULATION: African Americans, Hispanics

Informe-SIDA is a bilingual, multicultural HIV education and service agency of the Austin Latino/a Lesbian and Gay Organization (ALLGO). This project proposes to expand the coalition's role in creating an effective forum for Latino and African American males, with input from local social service agencies and community organizations, to address their specific health and human service needs. The coalition proposes to sponsor quarterly town meeting which will not only address specific health and human service needs of minority males in Austin, but will prioritize their needs and create an action plan for immediate implementation. Additionally, the coalition proposes to inform the minority male community of existing services, through agency participation at the town meetings, a mid-program newsletter, and the creation of a resource directory aimed specifically at minority males.

7. Health Resources and Services Administration's HIV/AIDS Education (Public Housing)

Funding Period: FY 1993 - FY 1994

CALIFORNIA

Charles R. Drew University of Medicine and Science
1621 East 120th Street
Los Angeles, CA 90059
Phone No. (310) 603-4965

CONTACT: Ludlow Creary, M.D., Project Coordinator
Paul Juarez, Ph.D., Project Coordinator
TARGET POPULATION: Blacks, Whites, Hispanics, Others

The applicant proposed to develop, implement, and evaluate a Community Health Coalition whose primary goal is to address HIV/AIDS education, prevention, risk reduction strategies targeting African American and Hispanic youth and young adults residing in the Jordan Downs and Nickerson Gardens Housing Development in Los Angeles County. The specific goals of community Health Coalition are: (1) to bring together HIV/AIDS service providers from the public and private sectors to develop effective strategies for the prevention of the transmission of HIV, as well as other STDs, TB, and Hepatitis B, and (2) to provide coordinated and integrated primary prevention HIV/AIDS services targeting residents of the Jordan Downs and Nickerson Gardens Housing Development.

MASSACHUSETTS

Great Brook Valley Health Center, Inc.
32 Great Brook Valley Avenue
Worcester, MA 01605
Phone No. (508) 852-1805

CONTACT: Zoila Feldman, Project Director
TARGET POPULATION: Hispanics, Whites, Blacks, Asians

Great Brook Valley presents the project with the overall goal of increasing awareness and decreasing the risk of HIV infection among minority members in three high risk groups in Worcester, MA. These three groups are (1) Men who have unprotected sex with men, (2) IDU's and their partners, and (3) adolescents. The program proposal also includes improving community capacity through education of community leaders and agencies about HIV/AIDS.

MISSOURI

Grace Hill Neighborhood Health Center
2600 Hadley Street
St. Louis, MO 63106
Phone No. (314) 241-2200

CONTACT: Richard Gram, Project Director
TARGET POPULATION: Blacks, Whites, Other Minorities

The program aims to target high risk minority individuals and communities in an around 11 public housing complexes in the City of St. Louis for education and intensive interventions in order to prevent the spread of AIDS and other infectious disease. Special emphasis will be placed on pre-adolescents, adolescents, young women, and prenatal women.

**8. Health Resources and Services Administration's Minority Community Health
Coalition HIV/AIDS Education Program (Rural)**

Funding Period: FY 1994

ALASKA

Southeast Alaska Regional Health Corp.
222 Tongass Drive
Sitka, AK 99835
Phone No. (907) 966-2451

PROJECT DIRECTOR: Bill Burton
TARGET POPULATION: Alaska Natives

The Southeast Alaska HIV/AIDS Prevention Project will develop a network of tribal organizations, government agencies, health agencies, and individuals to establish strategies for HIV prevention in Southeast Alaska Native communities. Local task forces will be created in six initial communities and a regional coordinating committee will be established. The goal is to improve the HIV information dissemination system and support a network for rural health care providers. This project base is in Sitka, where three of the four coalition members are located.

ARIZONA

Mariposa Community Health Center
1852 North Mastick Way
Nogales, AZ 85621
Phone No. (602) 281-1550

PROJECT DIRECTOR: Joel S. Meister
TARGET POPULATION: Hispanics

This is a coalition effort of the Mariposa Community Health Center (CHC) to reduce the incidence of HIV infection in a largely Hispanic community. Emphasis is on disease prevention education, knowledge of risk factors, and identification of barriers to effective communication. Outreach efforts, KAB (knowledge, attitude, behavior) Survey, pre- and post-initiation measures of the program, and the development of culturally sensitive educational materials are integral components of the project.

CALIFORNIA

San Benito Health Foundation Community
Family Health Clinic
910 Monterey Street
Hollister, CA 95023
Phone No. (408) 637-5306

PROJECT DIRECTOR: Ruth Lopez
TARGET POPULATION: Latinas

This project will provide HIV/AIDS outreach to Latina women in a rural, isolated county. The aim is to reduce HIV incidence through door-to-door outreach, community meetings to assess needs, development of an HIV-related lending library, and peer education training.

NEW MEXICO

La Clinica del Pueblo del Rio Arriba
P.O. Box 104
Tierra Amarilla, NM 87575
Phone No. (505) 588-9506

PROJECT DIRECTOR: Leslie Gray
TARGET POPULATION: Hispanics, Native Americans

The objective of this activity is to develop and implement a demonstration project providing HIV/AIDS education in a low-incidence, rural area to minimize further spread of HIV infection. The project's six goals are to develop and enhance mental health programs, provide health education and health promotion activities, expand social service programs, develop recreational activities, develop creative responses to the lack of transportation, and take care of the care-givers. Other related problems such as substance abuse, sexually transmitted diseases, obesity, diabetes, and poor nutrition are also targeted to reduce morbidity and mortality. The project is a component of a Rural Health Outreach Program and proposes to enhance the existing community coalition.

NORTH CAROLINA

Migrant Benevolent Association, Inc.
P.O. Box 237
Newton Grove, NC 28366
Phone No. (919) 567-6194

PROJECT DIRECTOR: J. Michael Baker
TARGET POPULATION: Hispanics, African Americans, Haitian (migrant and seasonal farm workers)

To build upon its on-going Rural health Outreach Project, this demonstration project will develop a coalition among area health and social agencies and community organizations to improve referral networks. This project will focus on HIV/AIDS and related lifestyle factors, such as substance abuse, sexually transmitted diseases (STDs), and tuberculosis.

Federal Register Notices

Federal Register / Vol. 57, No. 75 / Friday, April 17, 1992 / Notices

13751

Public Health Service

Statement of Organization, Functions and Delegations of Authority; Office of the Assistant Secretary for Health

Part H, Public Health Service (PHS), Chapter HA (Office of the Assistant Secretary for Health), of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (DHHS) (42 FR 61318, December 2, 1977, as amended most recently at 56 FR 33937, July 24, 1991) is amended to reflect changes in the Mission and functions of the Office of Minority Health, Office of the Assistant Secretary for Health, relating to implementation of the provisions of title XVII, section 1707 of the Public Health Service (PHS) Act, Public Law 101-527, "Disadvantaged Minority Health Improvement Act of 1990."

Office of the Assistant Secretary for Health

Under Chapter HA, Office of the Assistant Secretary for Health, Section HA-20, Functions, delete in its entirety the statement for the Office of Minority Health (HAM) and add the following:

Office of Minority Health (HAM)

The Deputy Assistant Secretary for Minority Health serves as the Director of the Office and principal advisor to the ASH for health program activities that address minority populations, develops policies for the improvement of the health status of minority populations, and coordinates all PHS minority health activities. In discharging these responsibilities, the Director receives advice from the PHS Minority Health Coordinating Committee and the Advisory Committee on Minority Health.

The Office is responsible for implementing provisions assigned to it by title XVII, section 1707 of the PHS Act (Public Law 101-527, "Disadvantaged Minority Health Improvement Act of 1990"). The Office, by providing Department-wide leadership working with PHS agencies and other DHHS OPDIVs and STAFFDIVs, establishes, coordinates,

and advocates policies, programs, and activities for the improvement of the health of minorities. The Office: (1) Develops public health policies for improving the health status of minority populations; (2) establishes goals and objectives for DHHS and PHS activities relating to minority populations, to include: (a) Developing reporting and monitoring requirements for these goals and objectives, and providing periodic progress reports to the ASH and the Secretary; (b) coordinating the process for and the conduct of program planning and development activities concerning minority health within DHHS that relate to disease prevention, health promotion, service delivery, and research; and (c) reviewing PHS agency budgets during formulation to ensure that budget requests are consistent with requirements for established goals, objectives, and priorities; (3) enters into interagency agreements with other PHS/Federal organizations to increase participation of minorities in health service and promotion programs; (4) operates a National Minority Health Resource Center, disseminating health information, promoting education in and awareness of health promotion and disease prevention, and providing technical assistance in the analysis of issues and problems relating to minority health; (5) supports research, demonstrations, and evaluations to test new and innovative models that support program goals and objectives; (6) develops a broad range of health information and health promotion materials and teaching curricula; (7) coordinates efforts to promote minority health programs and policies in the voluntary and corporate sectors; (8) ensures that program information and services are provided equitably and in the proper language and cultural context; (9) negotiates and awards grants and enters into cooperative agreements and contracts with public and nonprofit entities; and (10) coordinates correspondence control and executive secretariat functions.

Division of Policy Coordination (HAM2)

The Division: (1) Develops DHHS-wide plans for updating and refining goals for minority health programs, and activities; (2) reviews the budget requests of PHS agencies to ensure requirements are adequate and consistent with the Secretary's health goals and the Minority Health Strategic Plan; (3) coordinates the development and implementation of PHS plans and special initiatives; (4) negotiates and monitors interagency agreements between the Office of Minority Health and other Federal organizations; (5) analyzes current and prospective Federal activities that affect minority health, and recommends program initiatives to improve the health of minorities; (6) plans, coordinates and/or conducts studies and evaluations relating to the occurrence of diseases and health problems in minority populations; (7) plans and conducts statistical and data analyses; (8) coordinates evaluations, legislative activities, and reports to Congress; and (9) provides staff support to the PHS Minority Health Coordinating Committee.

Division of Information Dissemination (HAM3)

The Division: (1) Manages minority health information, education and awareness activities, including operation of the National Minority Health Resource Center; (2) manages public information activities, and media and press relations; (3) negotiates and monitors letters of agreement between the Office of Minority Health and non-Federal organizations; (4) plans and conducts national and regional conferences, workshops and seminars on minority health issues, problems, and concerns; (5) provides technical assistance to Federal and State agencies for the promotion, development, and conduct of minority health programs; (6) plans and coordinates effort to promote minority health programs and policies in the voluntary and corporate sectors; (7) manages exhibits and develops visual and other graphic materials for OMH; and (8) provides staff support to the Advisory Committee on Minority Health.

Exhibit 16

Federal Register Notices

(continued)

Division of Community Demonstrations and Assistance (HAM4)

In administering minority demonstration programs the Division:

(1) Directs the PHS involvement in the Secretary's Minority Males in Crisis Initiative and manages the Minority Male Grant Program, and develops, coordinates and provides technical assistance; (2) manages the HIV/AIDS Demonstration Program, and develops, coordinates and provides technical assistance for the HIV/AIDS programs; (3) manages the Minority Community Health Coalition Demonstration Grant Program and develops, coordinates, and provides technical assistance for coalition grantees; and (4) manages a program of bilingual support services and assistance.

Division of Management Support (HAM5)

The Division: (1) Plans and directs financial management activities, including budget formulation and execution; (2) administers the grants, cooperative agreements, and contracts development, review and award process; (3) provides liaison on personnel management activities with the OASH personnel office; (4) provides administrative services in support of OMH; and (5) serves as the focal point for the support of ADP, word processing and telecommunications equipment and systems for the Office.

Dated: March 30, 1992.

Louis W. Sullivan,
Secretary.

[FR Doc. 92-8890 Filed 4-16-92; 8:45 am]

BILLING CODE 4160-17-M

Statement of Organization, Functions, and Delegations of Authority

Part H, Public Health Service (PHS), Chapter HA (Office of the Assistant Secretary for Health), of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (DHHS) (42 FR 61318, December 2, 1977, as amended most recently at 58 FR 107, January 4, 1993 is amended to reflect functional changes in the Office of Minority Health (OMH), Office of the Assistant Secretary for Health, to improve administrative management responsiveness in support of OMH activities.

Office of the Assistant Secretary for Health

Under Chapter HA, Office of the Assistant Secretary for Health, Section HA-20, Functions, under Office of Minority Health (HAM), following the statement for the Division of Community Demonstrations and Assistance (HAM4), delete the title and statement for the Division of Management Support (HAM5), and substitute the following:

Division of Grants Management (HAM5)

The Division of Grants Management is responsible for all business matters associated with the review, negotiation, award, and administration of grants and cooperative and interagency agreements as well as interpreting grants administration policies and provisions. The Division: (1) Advises and assists in developing, implementing, and evaluating program plans, strategies, regulations, guidelines, procedures and program announcements; (2) provides consultation and technical assistance on grant matters and procedures to internal staff, applicants and grantees; (3) serves as the central point for distribution and receipt of all grant applications, correspondence, reports and related documents; (4) performs cost analyses and negotiates final project budget on approved grant applications prior to

award to determine the necessity, reasonableness, allocability, and allowability of the amounts in the budget in accordance with applicable cost principles; (5) issues Notices of Grant Awards; (6) is responsible for the postaward administration of funded projects; (7) analyzes individual and total financial commitments, forecasting future obligations and identifying potential lapses of appropriations and status of Federal funds available for each program; (8) performs monitoring of grants to ensure compliance with grant policies and sound business practices; (9) performs all actions necessary to the closeout of projects; (10) maintains general program information files and official individual grant files; and (11) provides information for the PHS Grants Management Information System.

Dated: January 25, 1993.

Audrey F. Manley,

Acting Assistant Secretary for Health.

[FR Doc. 93-2560 Filed 2-3-93; 8:45 am]

BILLING CODE 4160-17-M

Disadvantaged Minority Health Improvement Act

P.L. 101 - 527

SEC. 2. ESTABLISHMENT OF OFFICE OF MINORITY HEALTH.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following new section:

"ESTABLISHMENT OF OFFICE OF MINORITY HEALTH

"SEC. 1707. (a) IN GENERAL.—There is established an Office of Minority Health within the Office of the Assistant Secretary for Health. There shall be in the Department of Health and Human Services a Deputy Assistant Secretary for Minority Health, who shall be the head of the Office of Minority Health. The Secretary, acting through such Deputy Assistant Secretary, shall carry out this section.

"(b) DUTIES.—The Secretary shall, with respect to the health concerns of individuals from disadvantaged backgrounds, including racial and ethnic minorities—

"(1) establish short-range and long-range goals and objectives and coordinate all other activities within the Department of Health and Human Services that relate to disease prevention, health promotion, service delivery, and research concerning such individuals;

"(2) enter into interagency agreements with other agencies of the Service to increase the participation of such individuals in health service and promotion programs;

"(3) establish a national minority health resource center to facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in the appropriate use of health care, to facilitate access to such information, to assist in the analysis of issues and problems relating to such matters, and to provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance);

"(4) support research, demonstrations and evaluations to test new and innovative models, to increase knowledge and understanding of health risk factors, and to develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including racial and ethnic minorities;

"(5) coordinate efforts to promote minority health programs and policies in the voluntary and corporate sectors;

"(6) develop health information and health promotion materials and teaching programs, including—

"(A) models for the training of health professionals;

"(B) model curriculums to be used in primary and secondary schools and institutions of higher learning;

"(C) materials and programs for the continuing education of health professionals;

"(D) materials for public service use by the print and broadcast media; and

"(E) materials and programs to assist health care professionals in providing health education to their patients; and

"(7) assist providers of primary health care and preventive health services in obtaining, with respect to the provision of such care and services, the assistance of bilingual health professionals and other bilingual individuals (including such assistance in the provision of services regarding maternal and child health, nutrition, mental health, and substance abuse).

"(c) CERTAIN REQUIREMENTS REGARDING DUTIES.—

"(1) EQUITABLE ALLOCATION OF SERVICES.—In carrying out subsection (b), the Secretary shall ensure that services provided under such subsection are equitably allocated among all groups served under this section by the Secretary.

"(2) APPROPRIATE CONTEXT OF SERVICES.—In carrying out subsection (b), the Secretary shall ensure that information and services provided under such subsection are provided in the language and cultural context that is most appropriate for the individuals for whom the information and services are intended.

"(3) BILINGUAL ASSISTANCE REGARDING HEALTH CARE.—In carrying out subsection (b)(7), the Secretary shall give special consideration to the unique linguistic needs of health care providers serving Asians, and American Samoans and other Pacific Islanders, including such needs regarding particular subpopulations of such groups.

"(d) GRANTS AND CONTRACTS REGARDING DUTIES.—

"(1) AUTHORITY.—In carrying out subsection (b), the Secretary may make grants to, and enter into cooperative agreements and contracts with, public and nonprofit private entities.

Exhibit 17 (continued)

"(2) EVALUATION AND DISSEMINATION.—

"(A) The Secretary shall, directly or through contracts with public and private entities, provide for evaluations of projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as result of such projects.

"(B) Not later than January 20 of fiscal year 1993 and of each second year thereafter, the Secretary shall prepare a report summarizing evaluations carried out under subparagraph (A) during the preceding 2 fiscal years. The report shall be included in the report required in subsection (e) for the fiscal year involved.

"(e) REPORTS.—Not later than January 31 of fiscal year 1993 and of each second year thereafter, the Secretary shall submit to the Congress a report describing the activities carried out under this section during the preceding 2 fiscal years.

"(f) FUNDING.—

"(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there is authorized to be appropriated \$25,000,000 for each of the fiscal year 1991 through 1993.

"(2) ALLOCATION OF FUNDS BY SECRETARY.—Of the amounts appropriated under paragraph (1) in excess of \$15,000,000, the Secretary shall make available not less than \$3,000,000 to carry out subsection (b)(7)."

